Project Performance Monitoring Unit

First Year Work Plan

(October 1, 2003 – December 31, 2004)

Deliverable No. 13

March 31, 2004

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-C-00-03-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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LIST OF ACRONYMS

AED	Academy for Education and Development
ANC	Antenatal Care
ARD	Associates in Rural Development
ARMM	Autonomous Region in Muslim Mindanao
HIV/AIDS	AIDS Surveillance and Education Project
BCC	behavior change communication
BTL	bilateral tubal ligation
CBMIS	Community-based Monitoring and Information System
CEPR	Center for Economic Policy and Research
CHD	Centers for Health Development
COP	Chief of Party
CPR	contraceptive prevalence rate
CSR	contraceptive self-reliance
CSR +	contraceptive self-reliance plus
CTO	Cognizant Technical Officer
DCOP	Deputy Chief of Party
DILG	Department of Interior and Local Government
DMPA	Depo-medroxyprogesterone acetate
DOH	Department of Health
DOTS	directly observed therapy short-course
ENRICH	Enhanced and Rapid Improvement of Community Health Project
EOP	End of Project
FC	Field Coordinator
FFSW	freelance female sex worker
FOM	Field Operations Manager
FP	family planning
FPHSU	Family Planning and Health Systems Unit
FS	Finance Specialist
GRP	Government of the Republic of the Philippines
HELP-LGU	Health Enhancing Local Partnerships-Local Government Units
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HSPH	Harvard School of Public Health
HSRTAP	Health Sector Reform Technical Assistance Project
HSS	HIV/AIDS Sentinel Surveillance
IDSCP	Infectious Disease Surveillance and Control Project
IDU	intravenous drug user
IQC	Indefinite Quantity Contract
IR	intermediate results
IT	Information Technology
IUD	intrauterine device
JSI	John Snow International
LAN	local area network
LAS	LGU Advocacy Specialist
LCE	Local Chief Executive
LEAD	Local Enhancement and Development for Health
LGPS	Local Government Performance Specialist
LGU	Local Government Unit
LHB	Local Health Board

LOP	life-of-project
LMP	League of Municipalities of the Philippines
M&E	monitoring and evaluation
M&T	monitoring and tracking
MCH	maternal and child health
MGP	Matching Grant Program
MIS	management information system
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MOST	Micronutrient Operational Strategies and Technologies
MSH	Management Sciences for Health
MSM	men having sex with men
NGO	nongovernmental organization
NHIP	National Health Insurance Program
NSCB	National Statistical Coordination Board
NSV	non-scalpel vasectomy
OPB	out-patient benefit
OPHN	Office of Population Health and Nutrition
OR	Operations Research
ORP	Office of Regional Procurement
PAG	Project Advisory Group
PBC	performance-based contracts
PHIC	Philippine Health Insurance Corporation
PHN	population health and nutrition
PhilTIPS	Philippine Tuberculosis Initiatives for the Private Sector
PMEP	Performance Monitoring and Evaluation Plan
POPCOM	Population Commission
PPMS	Project Performance Measurement System
PPMU	Project Performance Monitoring Unit
PR	public relations
PSC	personal service contract
PTC	Project Technical Coordinator
PU	Policy Unit
RDS	Resource Documentation Specialist
RFP	request for proposal
RH	reproductive health
RHO	Regional Health Offices
RHU	Rural Health Unit
RIC	Resource Information Center
RIDM	Reporting and Information Dissemination Manager
SC	Save the Children
SIO	Service Institutions and Organizations
SO	strategic objectives
SS	Sentrong Sigla
STTA	short-term technical assistance
TA	technical assistance
TAG	Technical Advisory Group
TAI	Technical Assistance, Inc.
TB	Tuberculosis
TB-DOTS	tuberculosis-directly observed therapy short-course
TFR	total fertility rate

ToP	Technology of Participation
TSAP	The Social Acceptance Project
TWG	Technical Working Group
USAID	United States Agency for International Development
VSS	voluntary surgical sterilization

Local Enhancement and Development (LEAD) for Health Project

First Year Work Plan

I. Overview

The United States Agency for International Development (USAID) has awarded Contract No. 492-C-03-00024-00, a cost-reimbursable contract, to the Management Sciences for Health (MSH) to provide the required technical and logistical assistance for implementing the Local Enhancement and Development (LEAD) for Health. (In the Request for Proposal, this project was referred to as Health Enhancing Local Partnership – Local Government Units, or HELP-LGU).

The LEAD for Health Project is USAID's biggest activity to attain its Strategic Objective No. 3, which is "Desired Family Size and Improved Health Sustainably Achieved". The attainment of the mission's SO # 3 is premised on the achievement of four intermediate results (IRs):

1. LGU provision and management of FP/MCH/TB/HIV/AIDS services strengthened
2. Provision of quality services by private and commercial providers expanded
3. Greater social acceptance of family planning achieved
4. Policy environment and financing of services improved

The Social Acceptance Project (TSAP) that is being implemented by the Academy for Educational Development addresses IR #3, while Chemonics' Philippine TB Initiatives for the Private Sector (PhilTIPS), Micronutrient Operational Strategies and Technologies (MOST) Project, and a forthcoming RFP for a project that will strengthen FP provision by the private sector, will address IR #2. The Infectious Disease Surveillance and Control Project (IDSCP) of the New Tropical Medicine Foundation contributes to the achievement of IR #1 by strengthening LGU capacities for surveillance and control of TB and other infectious diseases. The Enhanced and Rapid Improvement of Community Health (ENRICH) Project also addresses IR #1, but its geographic coverage is limited to the Autonomous Region of Muslim Mindanao (ARMM).

LEAD is specially designed to achieve IRs #1 and #4. It is also USAID's medium for continuing its assistance to promote and provide family planning services, improve maternal and child health, control tuberculosis, and prevent the spread of HIV/AIDS.

The Family Planning Challenge. USAID has been the predominant donor in the population sector, having supported the Philippine National Family Planning Program for more than 30 years now. Its financing support to the program averaged $ 17 million per year from 1990 to 2001, mostly to fund technical assistance activities. Although only 18 % of the assistance was used for contraceptive procurement during this period, the pills, condoms, IUDs, and injectables that it supplied accounted for 80 % of the country's requirements.

Despite more than 30 years of effort, with steady support from international donors, the performance of the Philippines Family Planning Program has been dismal when compared to the progress that has been achieved by its neighbors. For example, in the 1970's, the population of the Philippines grew at a rate of 2.7 % annually, which was already high compared to that of South Korea, Thailand, and Indonesia. By 2000, total population had reached 76.5 million, more than twice what it was in 1970, and was growing at an annual rate of 2 %. Meanwhile, South Korea had reduced its annual population growth rate to 0.9 %, Thailand to 1.0 %, and Indonesia to 1.3 %. The high and unbridled population growth rate has stunted the socio-economic growth of the Philippines, and its effects are easily discernible in the country's high poverty incidence,

inadequate and poor quality social services, high crime prevalence, degraded environment, high unemployment and underemployment, unstable political situation, and an economy that can never run apace the rate that the population is growing.

There is also ample evidence of substantial unmet needs for family planning among Filipino couples. The actual total fertility rate (TFR) of 3.7 exceeds the desired TFR of 2.7, suggesting that women are having more children than they want. About half of currently married women say they want no more children. The 1998 Demographic and Health survey revealed that 27 % of births were to mothers who would have preferred their babies to be born later, and another 18 % to mothers who did not want any more children.

The Philippine National Family Planning Program, which was launched in the late 1960's, achieved modest success in increasing contraceptive prevalence in the 1970's. While contraceptive use grew steadily beyond this period, the rate of increase has been very slow. The 2002 National Family Planning Survey showed the contraceptive prevalence rate to be at just under 50 % for all methods, and 35 % for modern methods. Large numbers of potential, especially poor, clients are unserved. Many current users are obtaining free services from overloaded public providers who depend too much on dispensing readily available oral contraceptives. Service providers' insufficient training in counseling, and inferior quality of care help drive current and potential clients away. Some providers manifest weak motivation to supply family planning service, while private providers lack the incentive to provide FP services because their most attractive and accessible clients are already receiving free services from public providers.

Other reasons cited for the low CPR are the non-availability of preferred contraceptive methods at service points, and the poor understanding about the need to contracept. Although the need for FP, as consistently shown in many surveys, is big, demand is low, particularly among those in the lower end of the socio-economic spectrum. This could be due to lack of information about FP service availability, or simply the refusal of couples to take decisive actions towards achieving desired family sizes.

Despite the enactment of the Local Government Code in 1991 that devolved the responsibility of organizing, financing and delivery of basic health and FP services to local government units, the country's FP program continues to be nationally led. It is being argued that FP program performance can improve, and contraceptive use will increase if the program were transformed into an LGU-led, local public-private partnership for sustained universal FP service coverage, that is implemented nationwide. Carrying out the program in this manner will link health and FP firmly to other major issues of concern to citizens and officials at the LGU and barangay levels, such as governance, jobs, safety, crime, education, and the environment.

It is imperative that the Philippines immediately implement a contraceptive self-reliance (CSR) initiative in order to sustain the provision of quality and affordable FP services and commodities within the context of an increasing population, large unmet FP need, and growing contraceptive prevalence rate. To achieve CSR, government will have to reduce its burden of providing free services to all by focusing its resources to the poor. It will need to stimulate greater participation of the private sector to market and sell FP services and commodities, and provide more access and choices to clients desiring FP services.

The Challenge in TB. The principal challenge involving TB in the Philippines today is to increase TB case detection rate and to treat those cases successfully using DOTS. Cure rates have improved significantly since the late 1990s but many Filipinos with active, sputum-positive TB are not being properly identified and treated. Many private physicians do not use the DOTS

protocol for diagnosing and treating TB. Although the public sector is doing better, case detection and sustained supply of drugs, particularly for the poor, remain a problem. Since many TB symptomatics go to private physicians for their first consultation, it is critical to link these practitioners with the public sector clinics that are better trained, equipped, and supplied to manage TB cases using DOTS.

The Challenge in HIV/AIDS. The Philippines has so far been lucky to maintain its low HIV seroprevalence, which is lower than would be expected given the presence of high-risk groups. But there is every reason to believe that a major epidemic is likely unless high-risk behaviors are drastically reduced. Three years ago, Indonesia also had low seroprevalence rates among high-risk groups similar to the Philippines. Today, it is experiencing a high surge of HIV prevalence. The Philippines has developed an effective surveillance system for both seroprevalence and behavioral risk factors, through the USAID-financed and recently completed AIDS Surveillance and Education Project (ASEP). The HIV/AIDS activity under the Policy Project has also succeeded in generating local policy and financing support for the program from LGUs. It is important that the successful work under these projects be expanded in order to increase the number of LGUs participating in HIV/AIDS surveillance and education activities, beyond the eight HIV/AIDS sentinel sites. New potential high-risk groups will need to be identified for both seroprevalence and behavioral risk factor surveillance. The LGUs need to develop their capacities to support HIV education and prevention activities, and tap the services of NGOs such as those that were funded under HIV/AIDS sentinel sites. Experience has shown that LGUs in partnership with civil society can make a difference in controlling the spread of the epidemic. It is necessary to involve mayors, municipal health officers, barangay captains, and other influentials so that they will have the appropriate information and tools to effectively promote and support HIV prevention efforts on a sustained basis.

The Challenge in MCH (Vitamin A). Vitamin A deficiency is among the widespread child nutrition problems in the Philippines today, and addressing it is crucially important because of its impact on child mortality, and the relative ease of doing something about it. It is recognized that a long-term solution to vitamin A deficiency involves better child nutrition and/or fortification of foods with vitamin A. However, it will take several years before poor children in the Philippines can consume enough of currently fortified brands to attain adequate vitamin A levels. Thus, vitamin A supplementation will be necessary for a few more years in the Philippines, while food fortification efforts and dietary change interventions move forward. The challenge today is how to maintain high coverage levels of vitamin A supplementation among children 6 to 59 months old, and at the same time increase the consumption of fortified food at home. Identifying alternative means of financing, distributing and administering the capsules need to be identified because National Immunization Days are no longer a convenient vehicle.

Another major health issue is the high childhood morbidity and mortality from infectious diseases. Many children die from pneumonia associated with diarrhea, dengue, and malaria every year. Although the Department of Health (DOH) has initiated a program to strengthen the skills of health workers in managing these diseases, it has been difficult to scale up the implementation of the current training program especially in a decentralized environment. There is, therefore, the need to explore innovative and effective ways to improve clinical management of sick children in a manner that is not disruptive to local health services, and that builds upon existing capabilities of health care providers.

In summary, the main challenge that is being given to the LEAD project to address is to ensure the sustained provision of quality FP/TB/HIV/AIDS/MCH services through LGU-led local public-private partnerships, under the following current circumstances:

1. Lack of commitment of many local chief executives to improve FP and selected health services
2. Weak capacity of many LGUs to provide family planning and selected health services
3. Lack of a functioning health information system in most LGUs
4. Inadequate and inconsistent national and local policies to support the effective delivery of family planning and selected health services.
5. Inadequate financing for health care
6. The government's practice of providing free family planning and health services even to those who have the means to pay, despite the presence of a robust private and commercial system of service provision.
7. The phasing down of external donation of oral contraceptives, on which the biggest bulk of modern contraceptive users depend, and for which the government has not developed a solid plan to deal with the issue.

Simultaneously, there are facilitating policy factors that mediate in favor of the family planning program and health reforms. For the first time, the Department of Health has promulgated a national family planning policy that contains clear policy statements, designates the DOH as lead agency responsible for Family Planning, and sets ambitious targets for contraceptive prevalence, especially for modern methods, by 2004. The Secretary of Health has indicated his desire to do more in family planning focusing on natural methods, devoting the agenda of one DOH National Staff Meeting as evidence of his commitment.

Further, the DOH has adopted the health sector reform agenda as the framework for all government and donor-assisted changes in the health sector. This agenda encompasses quality improvements and greater access to family planning and health services on a sustainable basis through integrated service, financing, and structural reforms.

A large and innovative private sector remains a major under-utilized asset for delivery of basic services such as family planning and quality tuberculosis treatment. USAID, which currently provides the majority of the public-sector contraceptives, has indicated that it will no longer finance all of the needed contraceptives but will shift its assistance to efforts that will help the Philippines achieve contraceptive self-reliance. Thus, it has become increasingly clear to the GRP, donors, and other stakeholders in the population and health sector that future assistance must promote the expansion of services by the private sector, both to meet current needs and to ensure sustainability of service provision in the future.

II. The Local Enhancement and Development (LEAD) for Health Project

The purpose of the LEAD Project is to support the priority programs of the Department of Health (DOH), primarily family planning, TB-DOTS, Vitamin A, HIV-AIDS, and MCH. It will provide this support by strengthening the service provision capacities of municipalities and cities, to which the responsibility of delivering and financing these services has been devolved under the Local Government Code of 1991. Improving LGU capacities will involve: a) strengthening the financial, managerial, and technical capacity to provide FP and the selected health services; and b) improving the policy and legislative framework at both national and local levels to finance and support these programs.

In order to ensure success, the project will work towards developing commitment to and ownership of the project by LGUs. Because of LEAD's focus on service improvement by LGUs, as well as an increased role for private sector services, the project is structured in such a manner as to make the target LGUs (selected municipalities and cities) as the primary clients, with the DOH, Philippine Health Insurance Corporation (PHIC), Population Commission (POPCOM) and leagues of cities and municipalities as collaborating agencies consistent with their national programs and policies.

The collaboration with the DOH, PHIC and POPCOM will take place at multiple levels in the health system, including:

1 at the national level for policies, program guidelines, technical strategies, and regulatory (licensing, certification, and other quality assurance) requirements,
2 at the regional level for direct support to LGU initiatives, service referrals, and technical support, and
3 at the LGU level where the service improvement strategies will take place

LEAD will follow national health policies and standards within the regulatory and certification requirements of the DOH and the Philippines Health Insurance Corporation (PHIC). It will be implemented within the framework of the DOH health sector reform agenda, including PHIC enrollment and benefit expansion to achieve sustainable improvements in these priority programs. It will also coordinate its activities with those of other government agencies such as DILG, collaborating agencies of USAID and other donors, and leading NGO initiatives addressing these priority programs.

The DOH, POPCOM, PHIC, and leagues of cities and municipalities will participate in the work planning, quarterly benchmark reviews, and technical discussions throughout the project as part of the Project Advisory Group (PAG), with their program managers participating as part of the Technical Advisory Group (TAG). MSH is using a model for project management adapted from the Health Sector Reform Technical Assistance Project (HSRTAP).

A. Scope and End-of-Project Deliverables. The LEAD for Health project has an initial life of three years beginning October 1, 2003, and ending on September 30, 2006. In the proposal that it submitted in response to the RFP, MSH believed that it can implement the project in 752 cities and municipalities. When subsequent analyses made clearer the enormous amount of effort that would be needed in order to achieve the governance and service capacity improvement goals in each LGU target, it became evident that the three-year life of the project will only allow the coverage of around 530 LGUs. However, this reduced number of life-of-project LGU targets, will cover 40 % of the projected population of the Philippines in 2005, which exceeds the 35 % total population coverage that the RFP required, and will be sufficient to meet end-of-project goals and deliverables. Moreover, the LEAD Project sets the 530 LGUs as a minimum target, and this number can increase when project implementation gains momentum and efficiency. Each target LGU will aim to cover approximately 80 % of its barangays. At the end of the initial contract period of three years, the project should have achieved significant progress towards achieving the following national targets:

1. Total Fertility Rate (2006) – 2.7
2. Contraceptive Prevalence Rate (modern, 2006) – 40 %
3. TB Treatment Success Rate (2006) – at least 70 %
4. HIV seroprevalence among Registered Female Sex Workers - <3 % annually
5. Vitamin A supplementation coverage – 85 % annually

B. Project Components. The LEAD for Health Project has the following two major components with their corresponding tasks:

Component 1: Strengthen the local level support for, and the management and provision of FP, TB and other selected health services. Building the capacity of target LGUs to sustain the provision of quality FP and the other selected health services is the core of the LEAD for Health project. Activities under this component will expend around 70 % of the level of effort and 65 % of the project budget. There are four tasks under this component:

Task A. Increase local level support for FP and other health services. The task mainly involves recruiting and enrolling a critical number of LGUs under the project, so that their collective successful participation will impact positively on increasing CPR and lowering TFR, improve TB treatment success rate and vitamin A supplementation coverage, and maintain the low HIV seroprevalence. The project will target those LGUs that contribute most to population growth, have low contraceptive prevalence rates, low capacity for quality service provision, but are potentially receptive to LEAD technical assistance.

Task B. Improve Management and Information Systems for LGUs. Under this task, LEAD will provide assistance in improving management systems that LGUs can use for FP and health program management, financial management and control, quality assurance, and procurement. Health information systems used in previous projects, such as the community-based MIS, will be assessed for their potential for scaled up application. Local officials will be trained on the use of these management and information systems as tools for planning, policy development, and resource allocation decision-making.

Task C. Increase the availability of LGU financial resources for health services. LEAD will explore alternative strategies, and develop new systems and innovative schemes for resource mobilization so that LGUs can increase their financial resources, allocate more funds, and ensure the sustained provision of quality FP and selected health services. The project will particularly explore the operational feasibility of client segmentation strategies, whereby scarce public program resources will be used exclusively to service the needy who cannot afford to pay for essential services, and those with means will be directed to private sector providers, or be made to pay for services availed at public facilities. LEAD will also support interventions that will strengthen health insurance coverage and utilization of benefits, particularly among the indigent segment of the population.

Task D. Improve the quality of FP, TB, and other selected health services, and the performance of service providers. LEAD will strengthen the delivery of FP services in target LGUs, and improve contraceptive prevalence rates by effectively responding to unmet demand. Major interventions will include: a) ensuring access to a complete selection of contraceptive methods in key service points; b) improving post-partum counseling and provision of FP services in conjunction with post abortion care; c) promotion of community based contraceptives distribution systems to expand access and availability; and d) identification and removal of barriers to quality family planning service provision.

LEAD will work with LGUs to strengthen their capacities to implement the DOTS modality of diagnosing and managing TB cases. It will support the implementation of strategies and activities already identified in the National TB Program, and assist in developing and implementing policies to incorporate TB in the National Health Insurance Program (NHIP) benefit package. Technical and logistical assistance will be tailored to the needs of individual target LGUs, to be based on the results of a thorough assessment that the project will undertake after the LGU enrolls in the project.

LEAD will build on the experiences and lessons learned from the eight HIV/AIDS sentinel sites, and examine and apply other effective approaches in order to expand the number of LGUs that are actively implementing HIV/AIDS education and surveillance activities. It will strengthen the distribution and administration of vitamin A supplementation capsules.

Component 2: Improve national level policies to facilitate efficient delivery of quality FP and selected health services by LGUs. LEAD will work closely with national and local policy makers to create and promote a policy environment and obtain a level of financing that would favor the sustained provision of quality FP and selected health services. A major agendum of this project component is to review existing policies and regulations, and study how they can be modified so that the government can formulate and enunciate a realistic national contraceptive self-reliance policy, along with the appropriate implementing strategies.

Task A. Improve national and local policies for increased financing of FP. Under this task, LEAD will undertake studies, make recommendations, build consensus on how contraceptive security should be attained, and assist partners in developing and implementing strategies to reduce GRP's reliance on external contraceptive commodity donations. In addition to promoting measures that would lessen government's burden of service provision through client segmentation, the project will explore alternative modes of financing contraceptives. An example of this would be to continue the efforts to include contraceptives and services, in addition to surgical sterilization, in the NHIP benefit package. To entice target LGUs to use their own resources to procure commodities for FP and the other selected health services, the project will assist them develop and operationalize their own drug management systems, which include drug selection, procurement, distribution, and drug use monitoring.

Task B. Develop policies for mobilizing financing resources for services. Project activities under this task will be directed towards strengthening national policies for increased spending for FP, TB, HIV/AIDS, and vitamin A supplementation. LEAD will undertake studies to review legal provisions for internal revenue allocations for health, and user fees in public health facilities, and identify policy constraints that impede expansion of private health insurance.

The project will also organize a multi-sectoral policy forums, with representation from both the public and private sectors, which will serve as a venue for policy dialogue. **The forums will be convened both at the national and regional levels** to generate ideas, raise issues, and argue on positions related to the policy agenda of the LEAD for Health project.

Task C. Improve legal and regulatory policies for health service delivery. Project activities under this task are primarily to review existing legal and regulatory policies, and make recommendations on how they can be modified so that they will be supportive to the provision and financing of FP and the other selected health services by LGUs. An example of legal and regulatory policies to be reviewed (which the project needs to carefully validate before it actually begins work) are: a) possible reclassification of oral contraceptives from a prescription drug to over-the-counter; b) lowering of duties and tariffs for contraceptive products; c) improving rules and regulations concerning distribution and advertising of contraceptives; d) expanding the role of trained volunteer workers in dispensing oral contraceptives and other essential services and products. In addition, LEAD will assist in the formulation of legal and regulatory policies affecting the implementation of HIV/AIDS and TB control and prevention activities at the LGU level.

C. LEAD for Health Project Organization. The LEAD for Health project staffing structure (Fig. 1) is designed to be responsive to the project's scope of work and implementation requirements. It is headed by a Chief of Party, and consists of three implementing units, namely, the LGU Unit, the Family Planning and Health Systems Unit (FPHSU), and the Policy Unit, and three support units, which are the Project Performance Monitoring Unit (PPMU), the LGU Performance-Based Grants and TA Contracting Unit, and the Finance and Administrative Unit. The six implementing and support units report directly to the Chief of Party.

The ***LGU Unit*** is responsible for implementing and achieving the end-of-project goals and deliverables of Component 1 Tasks A and C, while the FPHS Unit is responsible for Component 1 Tasks B and D, and the Policy Unit for Component 2.

The LGU Unit is the lead unit that will ensure the enrollment of the required number of target LGUs to meet project goals. It will also be responsible for providing TA to strengthen governance capacities of target LGUs so that they can increase local level political, administrative, and financial support for FP and selected health services. It is headed by a unit director and consists of a Local Government Advisor, a Training Management Specialist, an LGU Advocacy Specialist, an LGU Program Performance Specialist, and an Operations Manager. The Operations Manager supervises 12 Field Coordinators (FC), who will oversee implementation activities in the target LGUs, at an average ratio of approximately 35 LGUs to one FC.

The ***FPHS Unit*** is primarily responsible for improving management and information systems, and the quality of FP, TB, HIV/AIDS, and MCH services, including the performance of service providers in the target LGUs. It consists of a unit director, a Family Planning Advisor, an HIV/AIDS Specialist, a TB-DOTS Specialist, an MIS Specialist, a Behavior Change Communications Specialist, and an MCH Specialist.

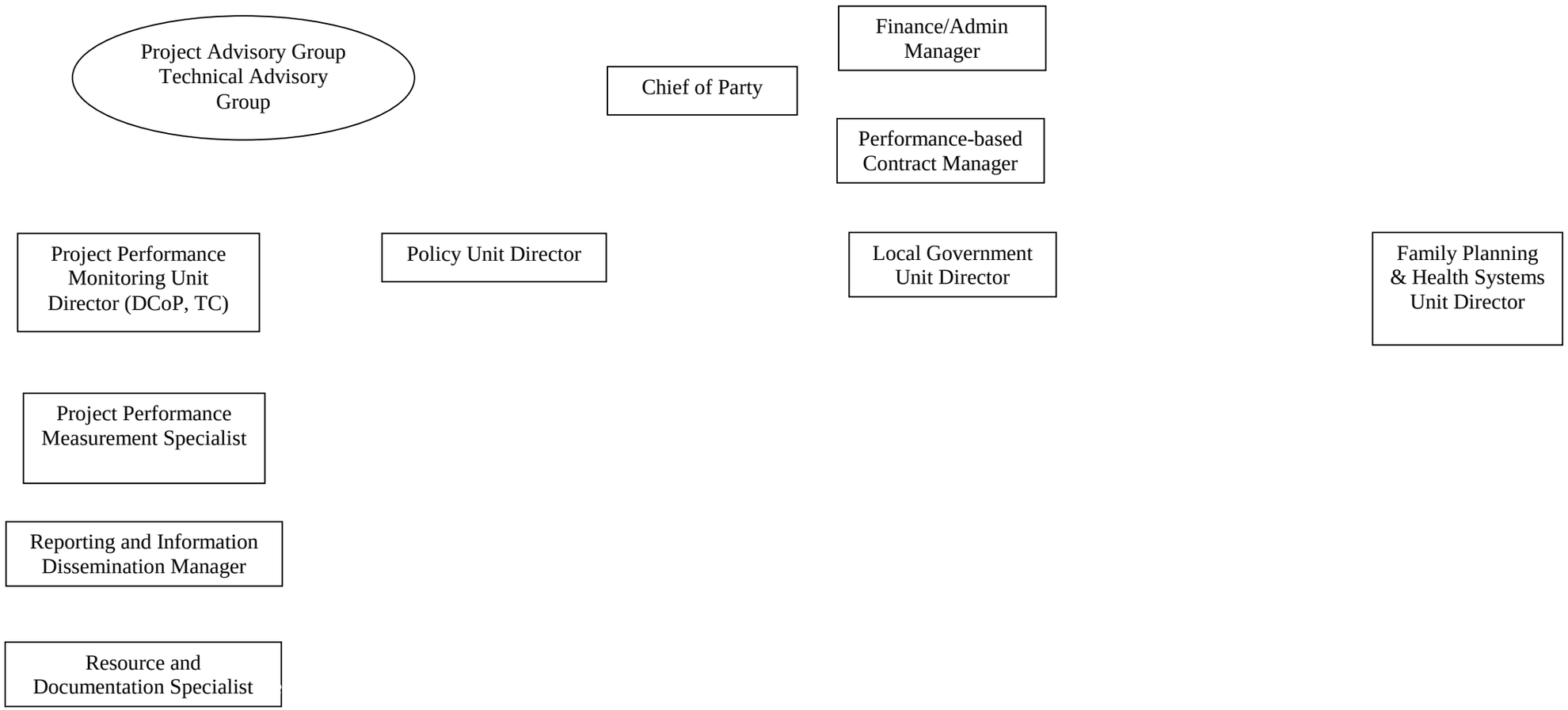
The ***Policy Unit*** is mainly responsible for Component 2 of LEAD. It will conduct studies and do analyses to enable the GRP to formulate and implement a contraceptive self-reliance initiative with the appropriate guidelines and implementing strategies, and to improve national level policies to facilitate provision and financing of FP and selected health services by LGUs. It is headed by a unit director, and consists of a Population Advisor, a Market Development Advisor, and a Finance Specialist.

The ***PPMU*** is responsible for measuring and tracking project performance, including those of the target LGUs. The responsibility involves the formulation and application of appropriate indicators to monitor and measure performance of both implementation process and outcome. The PPMU is headed by a director, who is also the Deputy Chief of Party and Technical Coordinator, and the unit consists of a Project Performance Measurement Specialist, a Reporting and Information Dissemination Manager, a Research and Documentation Specialist, and an Information Technology Specialist.

The ***LGU Performance-Based Grants and TA Contracting Unit*** starts out as a one-person support unit that is responsible for procuring TA to strengthen governance and service delivery capacities of target LGUs, and administering the performance-based grants (still subject to USAID approval) to selected target LGUs. The unit manager reports to the Chief of Party, and additional staff will eventually be added as necessary.

The ***Finance and Administrative Unit*** provides administrative, financial, and logistic support to project management and the different implementing and technical support units. It is headed by a Finance and Administrative Manager, and consists of the office management, accounting, and secretarial services sub-groups.

Figure 1: LEAD for Health Organizational Chart



The Project Advisory Group (PAG) provides advice and guidance on project strategy, approaches, and helps assess implementation progress periodically. It is composed of senior representatives from the Leagues of Cities and Municipalities, the Department of Health, PhilHealth, PopCom, USAID, private sector providers, and the academe. The TAG, on the other hand, consists of program managers from the DOH and PhilHealth who serve as LEAD's main technical counterparts in implementing the project. The PAG and the TAG are the main audience of the performance reviews that the LEAD Project holds quarterly.

MSH has the following seven partners or subcontractors that will assist in the execution of the LEAD for Health technical assistance contract:

1. Associates in Rural Development, Inc. (ARD)
2. Center for Economic Policy Research (CEPR)
3. Harvard School of Public Health (HSPH)
4. JHPIEGO
5. Manoff Group Inc.
6. Save the Children
7. Technical Assistance, Inc. (TAI)

These subcontractors provide short-term technical assistance and/or long-term staff to the LEAD project team. The following MSH subcontractors provide long-term project staff:

ARD: Local Government Advisor, LGU Unit
Training Management Specialist, LGU Unit
Advocacy Specialist, LGU Unit
Finance Specialist, Policy Unit

Save: Mindanao Field Coordinator
Other Field Staff (TBD)

Manoff: BCC Specialist, FPHSU (TBD)

The long-term staff provided by the subcontractors form an integral part of the LEAD project team. They follow the uniform project chain of command, and they are under the administrative and technical supervision of MSH.

D. Life of Project Goals and Targets. In order to achieve the project's end-of-project deliverables (page 5), LEAD will, in the course of its three-year project life, target or engage a minimum of 530 municipalities and cities. The aggregate population of these LGUs is projected to reach 34.2 M in 2005, which will be close to 40 % of the projected total Philippine population of 86.2 M in that year. Technical and logistical assistance will be provided to these target LGUs so that each of them will achieve the following goals or ends:

<u>Governance</u>

a. Increased share of FP/TB/HIV/AIDS/MCH in the total municipal/city budget, especially for contraceptive procurement;
b. Ordinances enacted, such as a local health code, that articulates official support and provides adequate financing for FP and selected health services;

c. Formulation and adoption as an official policy of a local **CSR+**[1] plan (that covers FP, TB-DOTS, HIV/AIDS, and vitamin A supplementation);
d. Enrolment of indigents under the National Health Insurance Program; and
e. Adoption, as official policy, and implementation of an LGU plan for strengthening services and improving quality of FP, TB-DOTS, HIV/AIDS, and vitamin A supplementation, including private sector services, to meet community needs.

Family Planning and Health Systems

a. A functional health information system;
b. Increased access to quality modern contraceptive supplies and services, including voluntary surgical sterilization and IUDs
c. The Rural Health Unit (RHU) is Sentrong Sigla Level 1 certified, and accredited by PHIC as provider of TB-DOTS and outpatient benefit packages;
d. The RHU is providing routine vitamin A supplementation to sick children;
e. All HIV/AIDS sites are implementing interventions and improved surveillance and education activities, especially for high-risk groups such as injecting drug users and men having sex with men;
f. Reduce rate of drop-outs among pill and DMPA users;
g. An expanded health volunteer network; and
h. Increased collaboration with the private sector.

LEAD is also targeting the adoption and implementation of a Contraceptive Self-Reliance Initiative nationally and in the target LGUs, by the end of the project. Another end-of-project goal is the sufficient improvement of national and local policies and regulations, so as to enable LGUs to increase support, including financing, for FP and the selected health services.

The MSH implementing strategy for the LEAD for Health Project technical assistance contract divides the contract period into five phases:

1. Start-up Phase (October 1, 2003 – January 31, 2004)
2. Test Phase (January – July, 2004)
3. Initial Roll-out Phase (August – December, 2004)
4. Peak Performance Phase (January – December, 2005)
5. Project Assessment Phase(January –September, 2006)

The start-up phase includes all activities that have to be undertaken in order to organize and staff the project office so that it can function immediately and begin to carry out its technical work. During the test phase, the project will complete the development of all assessment tools, technical assistance instruments, including the LGU engagement process, and actually test them in at least 20 LGUs in Visayas and Mindanao. This phase will be capped by an assessment of the effectiveness of the tools, instruments and processes that were initially used. Appropriate modifications and refinements will be made in preparation for the initial rollout phase, where 90 additional LGUs will be engaged. The second year of the project is its peak performance phase, when an additional 375 LGUs will be enrolled. In its third year, LEAD will enroll an additional 45 LGUs and sustain those enrolled in prior years, but a major part of its time will be devoted to the collection and analysis of data and information in order to form recommendations on the options to take when the three-year contract ends.

[1] **CSR+ plan and strategies** cover implementation strategies, guidelines and plans that aim to estabslish sustainable programs not only for contraceptive self-reliance, but also for TB-DOTS, HIV/AIDS, and selected MCH services

E. Strategies and Approaches. Fig. 2 shows the general flow of events or activities that will guide the LEAD project towards attaining its end-of-project deliverables. The central focus is to capacitate every target municipality or city to sustainably provide quality FP, TB, HIV/AIDS and MCH services through public-private partnerships. This will be achieved by developing the abilities of target LGUs to provide stronger policy, regulatory, and financing support to these programs, as well as their capacities for program service provision in partnership with the private sector.

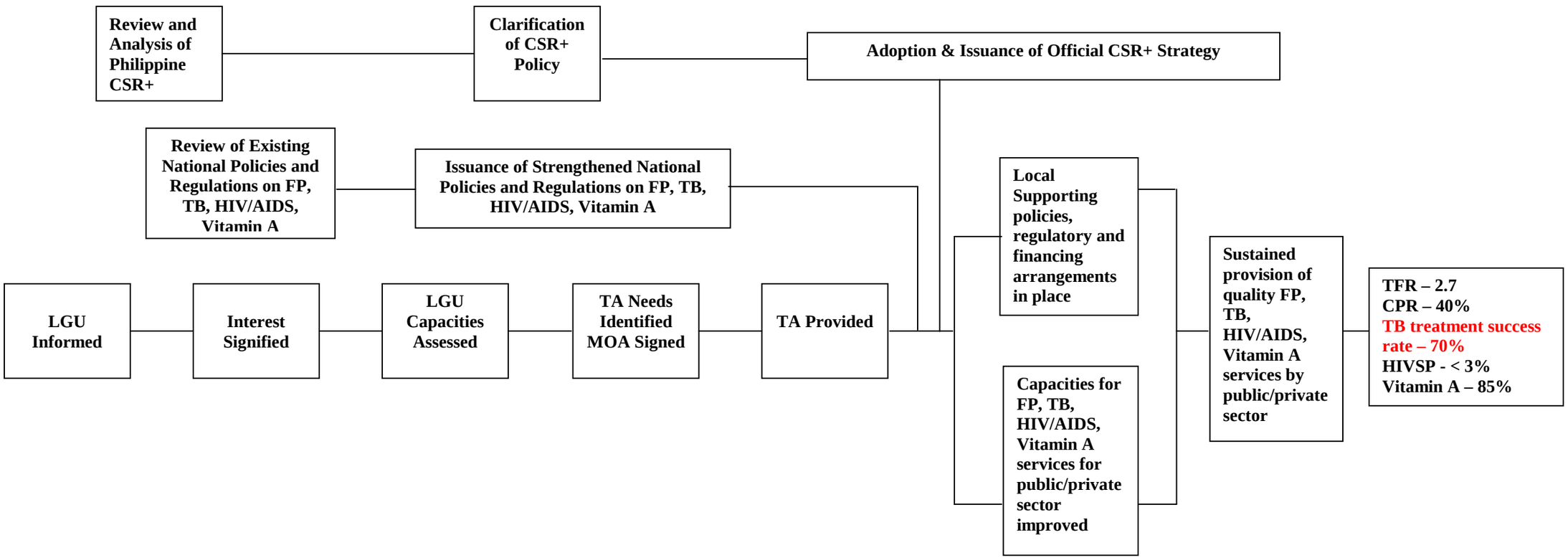
The project has prepared a list of target LGUs that it plans to invite to participate in the project. The list will be submitted to USAID for review and approval, and the LGUs in the list come from areas with the following characteristics: a) low CPR, b) socio-economically disadvantaged, c) high percentage of urban poor, d) strong program support by local chief executives and other local officials, e) the eight sentinel sites of the AIDS Surveillance and Education Project, f) cities and municipalities in ARMM, g) organized LGU clusters, and h) strong support from regional offices of DOH and PopCom.

After the targeted LGU has responded positively to the invitation and has signified its intention to participate in the project by submitting the accomplished self-assessment forms, LEAD will organize a participatory workshop to review the results of the self-assessments and determine the individual priorities of the target LGUs. The LGUs will do a more detailed follow-on assessment after the initial workshop, the outcome of which are: a) the governance and FP/health service capacity development plan, and b) a detailed specification of the LGU's TA and logistical requirements to support the plan. The LGU will subsequently sign a Memorandum of Agreement with LEAD, and the MOA will stipulate the technical and logistical assistance that the project will provide and the governance and FP/health service capacity improvements that the LGU will commit itself to achieve.

The main tools that LEAD will employ to achieve the objectives of component 1 of the project are the provision of technical assistance to all target LGUs, and cash grants to selected LGUs. The TA that will be provided will be in the areas of governance and FP and selected health service capacity development. LGUs that meet eligibility criteria that the project will set and agree with USAID, will receive cash grants that will be disbursed upon meeting pre-agreed performance benchmarks. Although the system and procedures for administering the performance-based grants, including the benchmarks that will be used and how they will be measured, will be negotiated and developed collaboratively with USAID, the entire grants concept, system, process and procedures are still subject to USAID review and approval. The central objective of the cash grants and TAs is to strengthen governance and service provision capacities in all target LGUs, and achieve the LGU goals that are listed on page 11.

At the central level, LEAD will assist the government prepare a national self-reliance initiative, including clarification of policy statements and formulation of implementation strategies and guidelines, that covers not only contraceptives but also TB-DOTS, HIV/AIDS, and MCH services. (The expanded initiative is branded as Contraceptive Self-Reliance Plus or CSR+). The project will likewise assist in reviewing legal and regulatory policies, and make the appropriate recommendations for modification, in order to gain policy and financing support for FP and the selected health services. These policies, including the CSR+ initiative and implementing guidelines, will be clearly articulated and enunciated to provide support to the work that will be going on at the LGU level.

Figure 2: GENERAL PROJECT ACTIVITY FLOW



The project will work very closely with the Leagues of Cities and Municipalities to ensure successful and sustained engagement with target LGUs. It will collaborate with the Department of Health and the PHIC to develop the technical capacities of target LGUs to deliver quality FP and selected health services, and institutionalize the technical assistance support system even after the project has ended.

CSR Strategy. The LEAD Project will pursue a Contraceptive Self Reliance (CSR) strategy that is consistent with its comprehensive objectives. It will support the attainment of the project's major goals which include increasing modern contraceptive use by meeting unmet demand, increasing the private sector provision of family planning services, improving the TB treatment success rate, and maintaining the low seroprevalance of HIV/AIDS among high risk groups. The main intent is to establish a sustainable CSR program at the national and LGU levels. Sustainable here means providing adequate funding for the procurement, distribution, and provision of modern contraceptives supplied by LGU health and population service providers, without relying on external donations.

The major elements of the LEAD CSR strategy are:

1. The LEAD project will support the DOH through the Technical Working Group (TWG) to clarify and clearly articulate the official GRP policy for CSR, including the development of implementation strategies and guidelines. This could include support for assessments, reviews, and/or analyses needed to clarify the substance of the strategy. The Lead project will work closely with the JSI Deliver project staff in providing assistance to the DOH and the LGUs for contraceptive logistics management, including forecasting, procurement, and distribution.

2. The LEAD Project will undertake operations research in Pangasinan province to examine operational issues affecting local implementation of CSR including: studying the effects of CSR on contraceptive availability and use, reviewing the effect of CSR on service provider behavior and efforts to meet unmet need, analyzing the administrative and political feasibility of client segmentation, examining local logistics management issues including pooled procurement, identifying effective ways of attracting private sector providers to respond to local markets, etc.

3. The LEAD project will work with 530 LGUs to meet its objectives. The development of an LGU-specific CSR strategy will be an integral part of the assistance package that will be provided to the target LGUs. Each LGU will develop its own strategy for CSR based on the decisions of the LCEs and what is most appropriate in each LGU and consistent with the national CSR strategy and research findings. If adequate contraceptives are not provided by the DOH, then the LGU strategies will include funds for the contraceptives. Thus, each LGU, as part of an agreement with the LEAD project, will have a strategy that will fund, procure, and distribute adequate contraceptives through the LGU health distribution system including hospitals, clinics, and village based workers as appropriate. Each LGU must decide upon a sustainable level of funding for CSR based on their own policies and priorities. Some LGUs may wish to continue funding at the current and projected use levels based on trends. Other LGUs might wish to segment the market and provide free contraceptives only to the poor, while the non-poor would be required to pay for their services and supplies or obtain them from private providers. The primary objective here, where feasible, would be to move those who could pay to receiving their services from the private sector. In that way the LGU would be subsidizing only the poor and the LGU budgetary commitment for procurement of contraceptives would be less. Preferably, to minimize the administrative costs and implementation efforts, any plan for market segmentation would be part of a broader means tested program, such as PhilHealth, and not established only for contraceptives.

Special Strategy for ARMM. Health and social development indicators for the Autonomous Region in Muslim Mindanao (ARMM) are significantly worse than the average region in the Philippines. It has the highest population growth rate at 3.86% (national level: 2.36%); lowest contraceptive prevalence rate for modern methods at 8.1% (national level: 35.1%); highest infant mortality (55 infant deaths per 1,000 live births); lowest Vitamin-A supplementation coverage at 52.4% (national level: 72.6%); lowest immunization coverage; and the worst prevalence of malnutrition among under-five children. With a population of about 2.4 million, the ARMM is faced with critical development concerns and challenges that have to be addressed so that its socio-economic performance can be at par with the other regions of the country. ARMM has consistently lagged behind in development. Latest poverty incidence figures show that Maguindanao, Lanao del Sur, Sulu, Basilan and Tawi-Tawi, which constitute the four ARMM provinces, are among those with the highest proportion of poor families (NSCB 2000). The regional government of ARMM is a special form of government that was created under R.A. 9054. Unlike the rest of the country, health services in the ARMM are controlled, directed and financed by the regional government and are not devolved to provinces, cities or municipalities.

ARMM has received and continues to receive a significant level of development assistance through various support programs funded by different donor institutions. Unfortunately, no significant positive development impact is yet discernible. This observation may be telling us that the mainstream and conventional approach to introducing PHN interventions may not be appropriate and suitable to ARMM, and we may have to develop a special PHN and LEAD-specific strategy to suit its unique socio-cultural, political, religious, and even geographic characteristics. The strategy will include activities that are specially tailored to conditions unique to ARMM.

During the first quarter of 2004, LEAD will do an assessment of existing population, health and nutrition needs and programs in the ARMM. The results of the study will form the bases for developing an over-all ARMM PHN Strategy, and from which will be derived a LEAD-specific strategy that will seek to effectively address health, population, and nutrition issues in ARMM.

F. LEAD for Health Project Working Philosophy. The main clients of the LEAD for Health Project are the target LGUs. The project will work with them together with other partners, collaborators and key stakeholders, to enable them to meet the challenge of achieving the following project objectives:

1 Increasing contraceptive prevalence;
2 Provision for contraceptive self-reliance;
3 Increasing the TB-DOTS treatment success rate;
4 Maintaining the low HIV seroprevalence rate;
5 Expanding vitamin A supplementation among target children

The project will help create conditions so that LGUs participating in the Project and key collaborating GRP institutions like DOH, PHIC, Department of Interior and Local Government (DILG), and others will recognize, acknowledge, and buy into meeting the project objectives as consistent with their own constituents' interests, demand, benefit, and well being.

After having obtained and secured the essential foundations to pursue a common purpose with participating LGUs and collaborating GRP institutions, the resources of the LEAD for Health Project will be provided as a coherent package of carefully selected, reliable, responsive, and catalyzing technical assistance outputs that will:

1 enable participating LGUs to sustainably increase the level and effectiveness of local efforts to meet the project objectives in their respective localities;

2 mobilize the policy influence and program resources of key national GRP institutions to systematically support the improvement of local performance across the whole country, including those of participating LGUs.

Since the project will focus on inducing sustainable increases in the level and effectiveness of local efforts to attain project objectives, it is expected that the main arena of technical assistance will be at the local level—among the political leadership and the professional staff of the LGUs; among local providers at public and private sectors; among community-based volunteers; and among clients and potential clients. Around this principal focus, LEAD for Health will remain flexible in creating and pursuing opportunities for institutional change at the local, regional, and national levels. Whenever political changes offer chances for more rapid or fundamental actions that support the principal focus, the project will redeploy its capabilities in order to translate these chances into self-sustaining improvements.

The project will adopt and apply the most cost-effective methods of providing technical assistance. It will give preference to the use of local consultants and subcontractors, since these are most likely to deliver appropriate performance. The project will also use international technical advisors to bring relevant experiences from other countries and fresh outside perspectives. Before starting on a new technical assistance activity, a rigorous check will be made to determine whether similar work has been done before, and the project's work will always seek to build on, rather than repeat, previous work. Similar rigor will be exercised in writing scopes of work and in selecting and monitoring the quality of consultants' performance. While project team members will function as managers of technical assistance and will themselves provide some of these assistance, they will support the creation of regional or CHD Technical Assistance Teams composed of selected regional DOH, PHIC, POPCOM and DILG staff, as well as selected provincial government staff. The project team will provide training and work closely with these CHD Technical Assistance teams, to enable them to provide similar technical assistance to cities, municipalities, and barangays even beyond the project life.

LEAD Project LGUs will share the costs of providing technical assistance in any manner that is affordable to them, to enable them to gain ownership of the activity, and to guarantee that the assistance will be utilized.

LEAD for Health will work in close collaboration with other USAID cooperating agencies and projects in the health, environment, and local government sectors.

III. The LEAD for Health First Year Work Plan

The first year work plan for The LEAD for Health Project is primarily intended to provide direction to project activities to ensure that they all eventually lead towards attaining end-of-project deliverables, and to serve as the basis for programming and allocating project resources. This work plan was also produced to fulfill the terms of Section F.4 of Contract No. 492-C-03-00024-00, which stipulates that the project prepares and submits yearly work plans for USAID review and approval.

This work plan document presents the overall year 1 goals and targets, the strategies and approaches that the project will employ, and the summary activity matrix. The project's three

implementing units and three support units have each developed their individual detailed unit plans, which form the bases for writing the LEAD Project First Year Work Plan. The unit plans contain additional and more detailed information about the various activities that the project will undertake during its first year.

The first year work plan was developed in consultation with clients, partners and collaborators, and considered the activities of on-going and recently completed USAID projects. Activities of other donors in the sector, including projects that are currently under preparation, were also taken into account. The unit plans of the Family Planning and Health Systems Unit, the LGU Unit and the Policy Unit contain a full listing of institutions and individuals who were consulted and/or participated in the formulation of the implementation plan for the three components of the LEAD Project during its first year.

A. First Year Goals, Activities, and Targets. The LEAD for Health project aims to increase contraceptive prevalence and TB treatment success rates, maintain the low HIV sero-prevalence rate, and sustain the high rate of vitamin A supplemparticipsr1n3 TD ipt0]

project will conduct orientation sessions and meetings with governors and mayors who are known by the project staff to be development-oriented, to brief them thoroughly on the LEAD project. These sessions will serve as a rough gauge of interest levels, and will help identify the LGUs that will be invited to participate in the test phase.

Letters of invitation to participate, together with the preliminary self-assessment forms, are subsequently sent to prospective LGUs. An interested LGU will send LEAD a letter of intent to participate, together with the accomplished self-assessment forms, and the designation of a LEAD point person. LEAD will then organize a participatory workshop among interested LGUs to review the results of the initial assessment, identify LGU priorities, and discuss the draft Memorandum of Agreement. After the workshop, the LEAD Project, together with the participating LGUs, will undertake a follow-on in-depth assessment and implementation planning to: a) formulate the governance and FP/health service capacity development plan, and b) identify and specify LGU technical assistance needs. LEAD and the participating LGU will sign a MOA that stipulates the technical and logistical assistance that the project will provide to implement the capacity development plan, and the performance results that the LGU will commit itself to meet. Technical assistance will be provided by pre-qualified and pre-contracted institutions, through task or work orders. These TAs are aimed towards achieving the governance and FPHS goals mentioned in pages 10-11.

In July, the project will undertake a review of the tools and engagement processes and modify them as necessary before scaling up the enrolment of target LGUs. The project will enroll 90 additional LGUs in the initial roll out phase from August to December 2004, for a year total of 110, including the 20 that will be recruited during the test phase. (See Table 1 for list of Year 1 target LGUs). Another quick assessment will be done towards the end of the project's first year to determine its readiness for the peak performance phase.

The five HIV/AIDS sentinel sites in Mindanao and the Visayas will be among the 20 that the project will invite to participate during the test phase. If any or all of the five will not be able to commit to participate at that time, replacement LGUs will be identified for LEAD engagement, but HIV/AIDS surveillance and education activities will nevertheless proceed in the five sites.

The activity matrix presented in this chapter summarizes the activities of the implementing and support units during the first year of LEAD. Most of the administration-finance one-time activities are clustered in the start-up phase. The activities of the Family Planning and Health Systems, and LGU Units follow the test and initial roll-out phasing because they take place in the same municipalities or cities. The activities of the Policy Unit, on the other hand, although in the long run are intended to provide policy and financing support for the service delivery improvements at the local level, can proceed at an independent pace separate from those of the FPHSU and LGU units. The work of the Policy Unit will have both a central and local focus. Centrally, it will assist in articulating more clearly the national CSR policy and in formulating its implementation strategies and guidelines. Additionally, it will undertake reviews and studies of existing policies and regulations in order to formulate recommendations for strengthened policy support and financing for FP, TB-DOTS, HIV-AIDS, and MCH services. Its local focus is Pangasinan, where it will undertake operations research to examine operational issues affecting local implementation of CSR, such as reviewing the effect of CSR on service provider behavior and efforts to meet unmet need, analyzing the administrative and political feasibility of client segmentation, examining local logistics management issues including pooled procurement, identifying effective ways of attracting private sector providers to respond to local markets, and others. The results of the operations research studies in Pangasinan will be shared with the rest of the LEAD LGUs, which will also be developing and implementing their own CSR initiatives.

A major issue in the design and implementation of the CSR initiative is the source of financing. One potential source that will be explored by the LEAD Project is the internal revenue allotment (IRA). The dependence of most LGUs on IRA and the percentage share of population received by LGUs are aspects of government policy that need examination. As provided in the Local Government Code of 1991, the IRA is allocated to provinces, cities and municipalities based on the following formula: 50% on population, 25% land area and 25% equal sharing. This formula gives more incentives for the LGUs to increase its population, given that with more people, more funds will be allocated to them. With the devolution of the responsibility to provide health services to LGUs, which also include programs for fertility reduction, the need to review IRA provision finds more merit. If the distribution formula of the IRA would give less weight to population and give incentives to LGUs with lower fertility rate, LGUs may be encouraged to pursue more actively programs and project, like the CSR initiative, which would help limit population growth.

The unit plans of the three implementing and three support units are submitted as companion documents to the LEAD First Year Work Plan. They provide more detailed information about the various activities that LEAD will undertake in its first year, particularly information on the technical approaches that the project will employ to meet project objectives.

Specific targets for the first year of the project are:

1. Assessment tools, technical assistance instruments & delivery mechanism, and LGU engagement processes developed, tested and refined

2. One hundred ten (110) LGUs engaged in the process of assessing, planning for and implementing expansion of, access to, and utilization of improved FP, TB, HIV prevention and selected MCH services, with:

    a. All of them underwent initial project orientation and signified intent to participate

    b. Eighty (80) of them engaged in in-depth health situation assessment and implementation planning with needs, capacities and priorities identified through participatory workshops and follow-on assessments

    c. Fifty (50) of them have signed MOA with the LEAD Project

    d. Twenty (20) of them implementing local FP/health policies, upon local health board (LHB) recommendations; and such policies are enabled through resolutions, ordinances or executive orders

    e. At least twenty (20) of them have developed and initiating implementation of a local CSR+ Plan

    f. At least twenty (20) of them exhibiting the following characteristics, depending on the need:
        - a functional health information system
        - a functional referral system for BTL acceptors
        - increased access to quality modern contraceptive supplies and services,

including voluntary surgical sterilization and IUD
- reduced rate of drop-outs among pill and DMPA users
- increased presence of health volunteer network
- increased collaboration with private sector
- the RHU has been oriented and has agreed to go through the process of Sentrong Sigla Level 2 certification and accreditation by PHIC as provider of TB-DOTS and out-patient benefit (OPB) packages
- routine vitamin A supplementation to sick children being practiced
- all HIV/AIDS sites implementing interventions and improved surveillance and education activities, especially for high risk groups such as Injecting Drug Users (IDUs), Men having Sex with Men (MSMs), and freelance commercial sex workers

3. Five (5) new advocacy groups actively supporting local FP initiatives

4. Specific Strategies and Implementation Plans for the following completed:
    - PHN/ LEAD Strategy/Supplemental Plan for ARMM developed and approved by USAID
    - CSR+ implementation strategies and plan developed and adopted by DOH
    - OR/ TA Plan for Pangasinan developed
    - FP, TB-DOTS, HIV/AIDS and MCH Strategies developed
    - Performance Monitoring and Evaluation Plan/ Client Service Plan developed and submitted to USAID
    - Communication Plan formulated
    - Field Operation Plan (Luzon, Visayas, Mindanao) formulated

5. Six (6) Technical Reports/Policy Papers completed:

    a. Inventory, review and analysis of and recommendations on existing policies, laws and regulations that constraint the provision of family planning services, TB-DOTS, HIV/AIDS

    b. Analysis of current PhilHealth benefits for family planning and for indigents and recommendations on how benefit coverage and provider payment for FP improvement and expansion

    c. Lessons learned from the Pangasinan CSR initiatives documented, a protocol or model that can be adopted in other LGUs and directions of possible assistance to the province and the ten (10) municipalities

    d. Options on how to replace phased-out contraceptives and alternative sources of funds

    e. Review of national policies that can facilitate or block allocation of more funds for local government's health and FP programs

    f. Policy framework for increased financing for FPHS in LGUs

6. Policy guidelines for drugs and contraceptives defined and elaborated for implementation in twenty (20) participating LGUs

7. 2 multisectoral health forums conducted (1-national and 1-regional)

8. Quarterly Performance/Benchmark Reviews/ Annual & Mid-Year Assessment Conducted

9. LEAD Project's Resource Information Center established

10. Installation, monitoring and maintenance of the project's local area network (LAN), email systems and internet connection

11. Contracting and Granting Systems in place and operational for providing technical assistance and performance-based grants to 110 LGUs

12. Indefinite Quantity Contract (IQC) issued to at least two Service Institutions/ Organizations (SIOs)

13. Nine (9) NGOs contracted to provide technical assistance support to HIV/AIDS sentinel sites

14. All technical and administrative staff for central and field offices officially hired

15. All needed financial and administrative systems, policies and procedures established, maintained and improved, if necessary.

16. All needed office equipment/ vehicles procured and maintained.

C. Strategies and Approaches. The provision of technical assistance for strengthening governance and FP and selected health service provision capacity, and performance-based grants to selected target LGUs (still being negotiated and subject to USAID review and approval) are the main tools that LEAD will employ to achieve its first year targets and objectives. Technical assistance needs of individual participating LGUs will be systematically identified through a thorough assessment process. The TA will be provided by local service institutions or organizations (SIOs), which will be contracted on an indefinite quantity basis. The SIO will provide a broad range of TA services related to meeting target LGU objectives, and on the average, one SIO will service 30 LGUs. Delivery of TA will be through work orders. The project will also provide centrally-procured TA for special technical assistance needs such as management training courses for local chief executives and administrators.

If USAID approves the provision of performance grants to selected first year target LGUs, it will help jump start project implementation. The grants are planned to be disbursed upon completion of pre-agreed performance benchmarks. The project will work and agree with USAID on eligibility criteria, the performance indicators to be used and how they are to be measured, and the grant amount that will be assigned to each performance benchmark.

The project will enter into partnership agreements with the leagues of cities and municipalities. The leagues will play key roles in advocating for the participation of LGUs in the LEAD project and for sustaining such participation. They will also assist in governance capacity building activities, mediating LGU-related conflicts that arise in the course of project implementation, and advocating for national policy support for FP, TB, HIV/AIDS, and MCH services. The project will finalize the appropriate and acceptable partnership arrangement with the leagues (as sub-grantees or subcontractors) during the first quarter of 2004.

LEAD will work very closely and collaboratively with the DOH at the central and regional levels. It will involve the DOH in the review and formulation of project implementation policies, in the design and installation of local health management and information systems, and in strengthening local capacity to implement FP and the selected health services. LEAD will enter into discussions and negotiate the rationalization and harmonization of DOH provision of financial, logistical, and technical assistance to LGUs, to ensure that resources from both sources are used optimally, efficiently, and effectively. The project will consult the DOH regarding selection of LEAD target LGUs, strategies and approaches to be adopted, and the tools and instruments that the project will use to improve service delivery at the local level. Given its available technical resources, the CHD will be a major partner in the provision of TA to LGUs. PopCom, which is under the administrative umbrella of the DOH, will be similarly tapped as a collaborator.

Developing the LEAD Strategy for ARMM. The LEAD Team will work with Save the Children, Technical Assistance, Inc. (TAI), and local consultants to assess current population, health, and nutrition situation in ARMM. They will review PHN needs, the regional and national government's responses, and past and current donor activities. They will also look at strategies and approaches that have been tried and proven to work, but above all, will strive to answer the question of how to effectively introduce PHN interventions in ARMM in the context of its unique social, political, religious, and even geographic characteristics. The assessment findings will form the bases for formulating a broader PHN strategy, from which will be derived a more specific LEAD strategy. A supplemental work plan for ARMM will subsequently be prepared. The ARMM assessment, strategy formulation, and work plan preparation will be completed by the end of May 2004.

D. Major Activity Matrix. The activity matrix in the following page summarizes the major project-wide activities that LEAD will undertake in order to achieve its first year targets and objectives. The work plans of the implementing and support units, which are submitted as companion documents, provide more details on the activities that each project unit will undertake during the first year, together with the corresponding timelines, deliverables, and budgets.

LEAD for Health Project
First Year Work Plan (Oct 2003 – Dec. 2004)
Activity Matrix

First Year Project Major Objectives:

1. Organize, staff and equip project office;
2. Demonstrate acceptability and marketability of the LEAD project concept to LGUs;
3. Develop, test and refine assessment tools, technical assistance instruments and delivery mechanisms, and LGU engagement processes;
4. Demonstrate feasibility of rapid scaling up of LGU coverage; and
5. Identify the most appropriate and responsive policy instruments to support the governance and service delivery reforms being promoted at the LGU level.

START-UP PHASE (October – January 2004)				
OBJECTIVE: 1. Organize, staff and equip project office				
ACTIVITIES	**DELIVERABLE**	**Start Date**	**Completion Date**	**Unit Responsible**
1. Recruit all technical and administrative staff for the central and field offices	- All technical and administrative staff for central and field offices officially hired	Oct 2003	Mar 2004	Admin
2. Set-up and maintain financial and administrative policies and procedures	- Relevant financial and administrative systems, policies and procedures established	Oct 2003	Dec 2004	Finance
3. Set up central and field offices (including necessary renovations, procurement of equipment (office, business, communication and others), vehicles, security measures and devices	- Central and field offices established; - Various office, business, communication equipment procured; - Project vehicles procured; Security measures and devises established	Nov 2003	Mar 2004	Admin

ACTIVITIES	DELIVERABLE	Start Date	Completion Date	Unit Responsible
4. Establish necessary IT systems to support project implementation	- IT Systems established (LAN, internet, email systems)	Nov 2003	Apr 2004	PPMU
5. Develop the Project's First Year Workplan	- Year 1 Workplan developed and submitted to USAID for approval - Revised Year-1 Workplan based on USAID comments	Nov 2003 Feb 2004	Jan 2004 Mar 2004	PPMU/ Other units PPMU/ Other Units
6. Develop field operations plan for Luzon, Visayas and Mindanao	- Operation plans for Luzon, Visayas and Mindanao formulated	Jan 2003	Jun 2004	LGU-FM
7. Establish the Project's Information Resource Center/ gather relevant data/ develop project briefers and website	- LEAD Information Resource Center established - Project Briefers/ Website developed	Jan 2004	May 2004	PPMU
8. Develop and implement a comprehensive Performance Monitoring and Evaluation Plan (PMEP) (includes indicator monitor, customer service plan, and others)	- Performance Monitoring and Evaluation Plan (PMEP) developed - PMEP implemented	Jan 2004 Apr 2004	Mar 2004 Dec 2004	PPMU/ Other units
9. Develop and implement the project's communication plan	- Communication Framework developed - Communication Plan developed and implemented	Jan 2004 Apr 2004	Mar 2004 Dec 2004	PPMU/ Other Units
10. Conduct the project's Quarterly performance reviews and meetings with the PAG and TAG	- Quarterly Performance Reviews conducted - Quarterly accomplishment reports prepared and submitted to USAID - Benchmarks for every quarter set - 1st Quarter (Oct – Dec 2003) - 2nd Quarter (Jan – Mar 2004) - 3rd Quarter (Apr – June 2004) - 4th Quarter (July –Sept 2004) - 5th Quarter (Oct – Dec 2004)	 Jan 2004 Apr 2004 Jul 2004 Oct 2004 Jan 2005	 Feb 2004 Apr 2004 Jul 2004 Oct 2004 Jan 2005	 PPMU PPMU PPMU PPMU PPMU

ACTIVITIES	DELIVERABLE	Start Date	Completion Date	Unit Responsible
11. Develop LGU selection criteria Identify life-of-project (LOP) target LGUs	- LGU selection criteria developed - LOP target LGUs selected	October 2003 November 2003	November 2003 December 2003	LGU/ FPHSU LGU/ FPHSU

PREPARATORY AND TEST PHASE (January – July 2004)

OBJECTIVE: 2. Demonstrate acceptability and marketability of the LEAD project concept
3. Develop, test and refine assessment tools, technical assistance instruments & delivery mechanisms, and LGU engagement processes

ACTIVITIES	DELIVERABLE	Start Date	Completion Date	Unit Responsible
1. Develop assessment tools, technical assistance instruments, delivery mechanisms and guides for LGU engagement	- LGU engagement process/ activity flow developed - Assessment tools, instruments, and guides for LGU engagement (FP, TB-DOTS, HIV/AIDS & MCH): • Developed • Tested • Refined - Technical assistance instruments and delivery mechanisms (i.e. SIO engagement and LGU grants provision), including guidelines and procedures • Developed • Revised based on USAID comments • Tested • Refined	Nov 2003 Dec 2003 Mar 2004 Jun 2004 Jan 2004 Apr 2004 May 2004 Oct 2004	Dec 2003 Feb 2004 Jun 2004 Jul 2004 Mar 2004 May 2004 Sept 2004 Dec 2004	All FPHS PBC/ Other Units
2. Develop and implement LEAD Strategies for : a. FP b. TB c. HIV/AIDS d. MCH	- LEAD Strategies for FP, TB, HIV/AIDS and MCH: • Developed • Initially implemented	 Jan 2004 Jun 2004	 May 2004 Dec 2004	 FPHS

ACTIVITIES	DELIVERABLE	Start Date	Completion Date	Unit Responsible
3. Send invitations and elicit expressions of interest from 20 LGUs (from Visayas and Mindanao) to participate in the program	- 20 LGUs from Visayas and Mindanao with signified intent to participate, with completed self-assessment forms	Feb 2004	Mar 2004	LGU
4. Conduct participatory workshops to assess LGU's FP/ Health needs, capacities and priorities of the first 20 LGUs	- 2 workshops (1 in Visayas; 1 in Mindanao) conducted - Initial LGU self-assessment forms reviewed - LGU needs, capacities and priorities identified - MOA drafted (for the 20 LGUs)	Mar 2004	May 2004	LGU
5. Conduct a follow-on assessment and implementation planning for the first 20 LGUs	- Governance and service capacity development plan formulated - TA needs identified for 20 LGUs	Apr 2004	May 2004	LGU/ FPHS
6. Orient CHD Directors and Regional Directors of Popcom and Philhealth on the LEAD Project	- All CHD Directors and Regional Directors of Popcom and Philhealth oriented on the LEAD Project	May 2004	June 2004	LGU
7. Facilitate issuance of DOH/CHD memo creating CHD-LEAD Technical Assistance Teams	- Memo to create CHD-LEAD Technical Assistance Teams issued	July 2004	July 2004	LGU
8. Orient CHD LEAD Technical Assistance Teams on the LEAD project	- All CHD-LEAD Technical Assistance teams oriented on the LEAD project and their roles in providing technical assistance to LGUs	July 2004	Dec 2004	LGU
9. Facilitate signing of the Memorandum of Agreements (MOAs) with 20 LGUs	- MOAs signed with • 5 LGUs • Additional 15 LGUs (for a total of 20 LGUs)	 Apr 2004 Jul 2004	 Jun 2004 Sep 2004	LGU
10. Identify potential SIO Bidders Issue the Request for Proposal (RFP) for SIO engagement Receipt and Evaluation of proposals	- List of potential SIOs generated - RFP issued - Proposals received and evaluated	Jan 2004 Mar 2004 Apr 2004	Oct 2004 Apr 2004 May 2004	PBC/Other Units PBC/Other Units PBC/ Other units

11. Award Indefinite Quantity Contracts (IQCs) to selected SIOs	- SIOs contracted using IQCs	May 2004	May 2004	PBC
12. Orient/ Train SIOs on the tools, instruments, guides used for LGU engagement and the results of the LGU needs assessment	- SIOs oriented and prepared to provide TA to LGUs	May 2004	June 2004	FPHSU/ LGU/ PBC/PPMU
13. Deliver technical assistance to the target LGUs through the SIOs Provide oversight in ensuring that SIO outputs are delivered on time	- TAs delivered to target LGUs - SIO deliverables monitored and evaluated	Jul 2004 Jul 2004	Dec 2004 Dec 2004	LGU/FPHS/Policy/ PPMU/ PBC LGU/FPHS/Policy/ PPMU/ PBC
14. Award contracts to 9 NGOs to implement STD/HIV/AIDS prevention activities for high-risk groups	- 9 NGOs contracted to provide technical assistance support to HIV/AIDS high-risk groups	Jan 2004	May 2004	PBC/ FPHSU
15. Conduct other technical support activities:				
a. Review, modify and assess CBMIS, FHSIS and other program monitoring tools	- Specifications, guidelines and alternative models for LGU level health and performance monitoring mechanisms - (*health watch* reviewed and modified)	Dec 2003 Dec 2003	Apr 2004 May 2004	FPHSU
b. Develop LGU logistics management tools and implement solution designs; monitor and assess implementation results	- A functional logistics management system developed for target LGUs	Dec 2003	Dec 2004	FPHSU/ SIOS/LGU
c. Review and assess existing LGU procurement procedures and FP supplies management guidelines	- Improved models of LGU procurement and FP supplies management guidelines	Dec 2003	Mar 2004	FPHSU/LGU
d. Develop guidance for assisting LGUs in meeting SS certification level 1 and 2 and obtaining PHIC accreditation	- Guidelines for achieving FP service certification and accreditation developed - A list of LGU health facilities meeting SS certification and PHIC accreditation generated	Dec 2003	Mar 2004	LGU/ POLICY/ FPHSU

ACTIVITIES	DELIVERABLE	Start Date	Completion Date	Unit Responsible
e. Review and improve training modules on VSS and IUD trainers and service providers	- Improved training modules on NSV, Mini-lap, IUD insertion, itinerant NSV services	Jan 2004	Mar 2004	FPHSU/ JHPIEGO/ MANOFF
f. Develop guidance for addressing missed opportunities for FP services (e.g. post-partum FP counseling, post abortion care, ANC)	- A guideline for addressing missed opportunities for FP at the LGU facilities developed	Jan 2004	June 2004	FPHSU/ JHPIEGO/ MANOFF
g. Review existing knowledge of FPHS provider behavior, job satisfaction, motivations, aspirations, and barriers to quality service; conduct qualitative research to fill in gaps in knowledge and develop provider interventions	- Qualitative research conducted - Provider intervention strategies developed	Jan 2004	June 2004	FPHSU
h. Develop intervention plan to improve coverage of education and surveillance activities in current HIV/AIDS sites	- Target group and geographic coverage for education and surveillance activities expanded - 1 round of surveillance activities conducted in 5 contiguous sites - NGOs implementing education activities in 8 LGUs	Jan 2004	Dec 2004	FPHSU
i. Review and modify existing tools to manage supply of Vitamin A capsules	- Guide for procurement and management of supplies of Vitamin A capsule developed	May 2004	May 2004	SIOs/ LGU/ FPHSU
j. Introduce and implement adoption of tools for assessing, identifying and managing TB symptomatic and cases	- Target LGUs with enhanced capacity to identify and manage more TB symptomatic and cases	Jul 2004	Dec 2004	SIOs/ LGU/ FPHSU

ACTIVITIES	DELIVERABLE	Start Date	Completion Date	Unit Responsible
k. Implement and monitor intervention models for routine Vitamin-A provision	- Routine Vitamin A provision and promotion of fortified food products implemented	Jul 2004	Dec 2004	SIOs/ LGU/ FPHSU
l. Assist participating clustered LGUs in preparing local financing plans for contraceptives and coverage expansion, adopted thru ordinances	- LGU Financing Plans for contraceptives and coverage expansion prepared; adopted through ordinances	Jul 2004	Dec 2004	SIOs/ LGU/ FPHSU/ POLICY
m. Facilitate and assist in enacting ordinance increasing health service and regulatory fees	- Ordinance increasing health service and regulatory fees enacted/implemented	Jul 2004	Dec 2004	SIOs/ LGU/ FPHSU/ POLICY
n. Facilitate and assist participating LGUs in increasing the number of indigents enrolled in PhilHealth	- Number of LGUs with increased number of indigents enrolled in PhilHealth	Jul 2004	Dec 2004	SIOs/ LGU/ FPHSU/ POLICY
o. Support baseline data gathering for participating LGUs covering 14 indicators	- Baseline data generated	Jul 2004	Dec 2004	SIOs/ LGU/ POLICY FPHSU/PPMU
16. Develop an over-all PHN and a LEAD-specific strategy for ARMM	- Over-all PHN strategy for ARMM - LEAD-specific strategy for ARMM - Supplemental workplan for ARMM	Dec 2003	May 2004	LGU/FPHS/POLICY
17. Conduct a Mid-Year Assessment to evaluate, assess and refine the tools and guides, TA instruments and delivery mechanisms and LGU engagement processes	- Mid-Year Assessment Conducted - Assessment tools and guides, TA instruments and delivery mechanisms and LGU engagement processes refined	July 2004	July 2004	PPMU

INITIAL ROLL-OUT PHASE (August – December 2004)				
OBJECTIVE: 4. Demonstrate feasibility of rapid scaling up of LGU coverage				
ACTIVITIES	**DELIVERABLE**	**Start Date**	**Completion Date**	**Unit Responsible**
1. Send invitations and elicit expressions of interest from additional 90 LGUs to participate in the program	- 90 LGUs signified intent to participate, with completed self-assessment forms: • 30 (A) LGUs • 30 (B) LGUs • 30 (C) LGUs	 Aug 2004 Sep 2004 Oct 2004	 Aug 2004 Sep 2004 Oct 2004	LGU
2. Conduct participatory planning workshops to assess LGU's FP/ Health needs, capacities and priorities of the 90 LGUs	- Workshops conducted, LGU self-assessment forms reviewed, LGU needs, capacities and priorities identified for 90 LGUs: • 30 (A) LGUs • 30 (B) LGUs • 30 (C) LGUs	 Sep 2004 Oct 2004 Nov 2004	 Sep 2004 Oct. 2004 Nov 2004	LGU
3. Conduct a follow-on assessment and implementation planning for the 90 LGUs	- Governance and service capacity development plan formulated; TA needs identified for 90 LGUs: • 30 (A) LGUs • 30 (B) LGUs • 30 (C) LGUs	 Sep 2004 Oct 2004 Nov 2004	 Oct 2004 Nov 2004 Dec 2004	LGU/ FPHS/ POLICY
4. Facilitate signing of the Memorandum of Agreements (MOAs) with additional 30 (A) LGUs	- MOAs signed with additional 30 LGUs • 30 (A) LGUs	 Oct 2004	 Dec 2004	LGU
5. Award Indefinite Quantity Contracts (IQCs) to selected SIOs or Issue a Purchase Order (assuming the same SIO under the same IQC)	- SIOs contracted using IQCs/ - Or purchase order issued to provide TA needs of the 30 (A) LGUs	Sep 2004	Oct 2004	PBC
6. Orient/ Train SIOs on the tools, instruments, guides used for LGU engagement and the results of the LGU needs assessment	- SIOs oriented and prepared to provide TA to LGUs	Oct 2004	Nov 2004	FPHSU/ LGU/ PBC/PPMU

ACTIVITIES	DELIVERABLE	Start Date	Completion Date	Unit Responsible
7. Deliver technical assistance to the target LGUs through the SIOs	- TAs delivered to target 30 (A) LGUs	Dec 2004	May 2005	LGU/FPHS/Policy/ PPMU/ PBC
Provide oversight in ensuring that SIO outputs are delivered on time	- SIO deliverables monitored and evaluated	Dec 2004	May 2005	LGU/FPHS/Policy/ PPMU/ PBC
8. Conduct a Year-End Assessment to evaluate and assess the tools and guides, TA instruments and delivery mechanisms and LGU engagement processes	- Year-End Assessment Conducted - Assessment tools and guides, TA instruments and delivery mechanisms and LGU engagement processes refined as necessary	Dec 2004	Dec 2004	PPMU

OBJECTIVE: 5. Identify the most appropriate and responsive policy instruments to support the governance and service delivery reforms to be promoted at the national and at the LGU level

ACTIVITIES	DELIVERABLE	Start Date	Completion Date	Unit Responsible
1. Develop workable mechanisms for defining and identifying market segments	- Systems, mechanism for defining and identifying market segments developed	Jan 2004	Mar 2004	POLICY
2. Conduct an inventory, review and analysis of and recommendations on existing policies, laws, and regulatory constraints affecting the provision of family planning services, TB-DOTS, HIV-AIDS	- Inventory list and results of analysis on existing policies, laws, and regulatory constraints affecting the provision of family planning services, TB-DOTS, HIV-AIDS developed • Inventory • Analysis	 Jan 2004 April 2004	 April 2004 May 2004	POLICY
3. Complete the review and analysis of demographic data and results of regular national health demographic and FP surveys	- Results of analysis of demographic data and regular national health demographic and FP surveys	Apr 2004	Jun 2004	POLICY

ACTIVITIES	DELIVERABLE	Start Date	Completion Date	Unit Responsible
4. Develop a CSR distribution plan and allocation formula for approval and implementation by the DOH TWG on CSR	- CSR distribution plan and allocation formula: • developed • approved & initially implemented by the DOH TWG on CSR	 Jan 2004 June 2004	 May 2004 Dec 2004	POLICY
5. Complete the technical report on lessons learned from Pangasinan CSR experience Develop the TA/OR Plan for Pangasinan/ Provide TA to Pangasinan	- Technical report on lessons learned from Pangasinan CSR experience - TA / OR Plan for Pangasinan developed - TA on CSR+ provided to Pangasinan	Apr 2004 January February	June 2004 February December	POLICY
6. Develop/formulate research objectives, coverage, methodology and framework for the analysis of a. current PhilHealth benefits for FP and existing indigents b. national policies that can facilitate or block allocation of funds for local government's health and FP programs Conduct the necessary policy studies and technical analysis for (a) and (b) above	- Research objectives, coverage, methodology and framework for the analysis: a. current PhilHealth benefits for FP and existing indigents developed and formulated; Related data gathering initiated b. national policies that can facilitate or block allocation of funds for local government's health and FP programs; Initiate related data gathering. - Studies and technical analysis for (a) and (b) above completed	Apr 2004 Jun 2004	May 2004 Sept 2004	POLICY POLICY
7. Complete technical report on the policy framework for increased financing for health and family planning in LGUs	- Technical report on the policy framework for increased financing for health and family planning in LGUs.	April 2004	June 2004	POLICY
8. Conduct a National and Regional Health Forums	- 1 National Health Forum - 1 Local Health Forum	Jul 2004 Oct 2004	Sep 2004 Dec 2004	POLICY

ACTIVITIES	DELIVERABLE	Start Date	Completion Date	Unit Responsible
9. Develop the Local CSR+ Plan for implementation by 20 participating LGUs	c. Local CSR+ Plan for implementation by 20 participating LGUs	Oct 2004	Dec 2004	POLICY
10. Establish partnerships with the private sector **at the LGU level** to provide health services and products to those steered out of the public sector's health services	- Private sector program on the provision of FP products and services developed and implemented by any of the following: • Pharmaceutical companies • Private clinics and hospitals • Drug retail outlets • Health advocacy groups and NGOs	Jan 2004	Dec 2004	POLICY
11. Review and analyze national policies that allow for the establishment procurement systems for drugs and contraceptives	- Policy guidelines for establishing procurement systems for drugs and contraceptives defined and elaborated in 20 participating LGUs	Oct 2004	Dec 2004	POLICY/ **FPHSU**

Over-all BUDGET ESTIMATES for the First Year Workplan (October 2003 - December 2005) **By CLIN** ***LEAD for Health Project***		
CLIN	**Description**	**BUDGET (in US$)**
0001	**Increasing Local Level Support**	$ 5,542,023.00
0002	**LGU Capacity Strengthening**	$ 3,685,132.00
0003	**Policy Development**	$ 1,696,189.00
OVERALL	**TOTAL ESTIMATED BUDGET FOR THE FIRST YEAR**	**$ 10,923,344.00**

CLIN	**PROJECT UNIT**	**BUDGET**
0001	**LGU Unit**	**$ 2,878,901.00**
0002	**Family Planning & Health Systems Unit**	**$ 1,022,010.00**
0003	**Policy Unit**	**$ 747,354.00**
(distributed)	**Performance-Based Grants & TA Contracting Unit**	**$ 3,428,572.00**
(distributed)	**Project Performance Monitoring Unit (PPMU)**	**$ 537,800.00**
(distributed)	**Administrative/Finance**	**$ 2,308,707.00**
	TOTAL ESTIMATED BUDGET FOR THE FIRST YEAR	**$ 10,923,344.00**

Note: 1.) For detailed budget, please see Unit Workplans.

IV. Monitoring and Tracking Process

The project will establish and maintain a functional and reliable monitoring and tracking (M&T) system that will help ensure the timely pace and quality of project implementation, and that project activities and their direct results and outputs will ultimately lead towards achieving end-of-project goals and deliverables. The system will be the project's main tool to measure implementation performance, to guide the direction of project activities, periodically check the validity of assumptions used as bases for work planning, and over time, measure outcome and impact. The project's monitoring and tracking system aims to ensure (a) effectiveness and soundness of strategies and approaches to achieve project objectives, and (b) efficiency in carrying them out.

LEAD will closely monitor and track project performance using the agreed work plan, established targets, and activity matrix as the principal bases. It will, therefore, track and document the following:

1. Actual quarterly accomplishments of project activities and outputs against the. goals/targets/benchmarks set at the beginning of every quarter
2. Actual annual accomplishments of project outcomes and impact against the goals/targets/benchmarks set at the beginning of every year
3. Effectiveness of approaches used, including the LGU engagement process, technical assistance tools and instruments and validity of assumptions made
4. LGU Performance compared to agreements set in the MOAs and performance-based contracts and grants
5. Client Satisfaction (i.e. LGUs, DOH, PhilHealth and USAID)
6. Progress towards achieving end-of-project deliverables
7. Success stories, est practices and lessons learned
8. Progress/Improvement in SO-level and IR-level indicators, namely:

<u>SO level indicators:</u>

1. Contraceptive prevalence rate using effective methods
2. Tuberculosis treatment success rate
3. HIV seroprevalence among the most-at-risk-groups, and
4. Percent of FP users obtaining supplies and services from private sector sources.

<u>IR level indicators:</u>

1. Modern CPR among the poor
2. Number of participating LGUs implementing TB-DOTS
3. Number of LGUs with program to achieve appropriate client segmentation
4. Number of LGUs with functioning health information systems that provides information on key indicators (to be defined)
5. Number of LGUs with functioning and effective procurement and distribution system
6. Number of LGUs procuring contraceptives
7. Number of LGUs contributing an increasing portion of costs of priority health programs from their own resources
8. Number of LGUs achieving Sentrong Sigla level 2 certification

9. Number of participating LGUs with local health boards supporting health policies
10. Number of LGUs with active advocacy groups supporting health initiatives
11. Number of LGUs implementing HIV-AIDS Program
12. Number of LGUs providing high dose Vit. A supplementation program

Organizing the project's monitoring and tracking system will involve the following activities:

1. **Development and implementation of a comprehensive Project Performance Monitoring and Evaluation Plan (PMEP).** PMEP will serve as the project's guide for all monitoring and evaluation activities that LEAD will undertake. It will specify the performance data to be collected, source and timing, detailed system and procedures for data reporting and processing, and the use of the information generated. It will also provide the necessary implementation details for the various evaluation activities, both process and impact, that the project will undertake.

    a. The level of analysis and of data collection will primarily be the LGU. This means that we will track a variety of types of data for each LGU that will be used to monitor results and assess the conditions under which project activities have the most impact. For the purposes of the data base construction, "records" will be kept by LGU.

    b. For each LGU, data will be collected from varying sources and with varying periodicity. This data will constitute the "fields" to be collected. This will include
        - population based data on CPR, source of contraception (i.e. private, public)
        - population based data on HIV seroprevalence among the most-at-risk-groups conducted through special surveys;
        - health facility output data on TB treatment success rates;
        - health facility data on Sentrong Sigla certification;
        - LGU capacity data collected through rapid assessment process on HIS, contraceptive procurement, financial management, commitment (financial and political) to priority health and FP programs, health boards and advocacy groups and other key variables as determined by the project;
        - LEAD project activities (by category) in the LGU and the implementing agency for each activity

    c. Population based data such as CPR and source of contraception will be collected through the use of mini-surveys using appropriate sampling techniques including cluster sampling. In order to preserve the credibility of the results, data will be collected by non-health personnel who are in the area such as school teachers. Due to the cost of this type of data collection, it will be done at the beginning and end of the inclusion of the LGU in the project as well as once at mid-point

    d. Health facility data will be collected by the LGU with periodic review by project staff. This type of data will be collected on an annual basis;

    e. LGU capacity data will be collected through the rapid assessment process and will be updated as appropriate. This data will be collected by a combination of LGU and project staff and data updating will be a performance requirement for LGUs to continue participating in the program. In order that this data can be used to compare LGUs the indicators selected must be measurable, reproducible and generalizable. To

achieve this, further work is necessary on the development of these indicators during the next 2 months.

f. LEAD project activities would be collected by project staff and entered by LGU. A list of categories of LGU level activities would be developed in order that these can be entered on a basis that allows comparison across LGUs over time.

An important component of the PMEP is the LEAD Performance Indicator Monitor, which will be designed to be e-based and paper-based**.** It is a system that will be developed to track the progress and status of SO-level and IR-level indicators, which will be updated quarterly and will be made accessible to all project staff and to MSH Boston.

Under the PMEP, a **Customer Service Assessment Plan** will also be formulated**.** The plan will involve the collection of information to assess the degree of technical assistance/service utilization and client satisfaction from the services resulting from the project efforts. This will be conducted annually.

The PMEP will also include plans for collateral monitoring and evaluation activities such as the gathering and compiling LGU baseline data (population- and facility-based), and documenting project successes, best practices and lessons learned.

2. Conduct of Quarterly Benchmark Setting/ Quarterly Performance Review. At the end of every quarter, actual project performance will be reviewed against benchmarks and deliverables set for that period. The progress made in meeting the quarterly benchmarks will be presented to the **Project's Advisory Group (PAG),** whose membership includes the Leagues of Cities and Municipalities, the Department of Health, PhilHealth, PopCom, USAID, private sector providers, and the academe. During this quarterly benchmarking meeting, the benchmarks and deliverables for the next quarter will also be agreed. Customer satisfaction assessment will be partly addressed during these performance review meetings.

3. Preparation of Quarterly and Annual Progress Reports. At the end of each quarter/year, implementing units will submit their quarterly and annual accomplishment reports to the PPMU for consolidation into project quarterly and annual progress reports. These reports, which are submitted to USAID and shared with client organizations and collaborators, provide information on the project's accomplishments against set targets, major problems encountered particularly those that potentially hinder achievement of project objectives, and recommendations on how to resolve these problems.

4. Conduct of Semi-Annual Reviews. A mid-year review will be done around July 2004 to determine the effectiveness of the assessment tools and technical assistance instruments, including the LGU engagement process, which the project will initially employ. The results of the assessment will guide the modification of the tools and engagement process in preparation for scaling up project implementation in the second half of the year. The project will determine if it needs to undertake mid-year reviews in succeeding years.

How will Project Performance Monitoring and Evaluation data be used/analyzed: As noted earlier, the PME system will ensure that project activities and outputs are directed towards achieving end-of-project results and deliverables and enable project and LGU staff to measure their progress as the project is underway. Since the types of results and deliverables for LEAD range from impact measures such as CPR to outputs measures such as numbers of trainees, this poses some special challenges for the LEAD project. It is for this reason that the design of the PMEP includes two separate data bases: one based on LGU performance and the other based on project performance. In order that the LGU performance be useful both in project management and in measuring project results, the analysis will include the following:

- Documentation of key impact variables such as CPR, use of private sector, TB success rates, etc. by LGU. This information, including changes over time can be tracked against characteristics of the LGU as well as project activities in that LGU. In this way, positive changes in impact can be linked to project inputs.

- By analyzing which characteristics of LGUs predict the greatest benefit from project inputs in terms of positive changes in population health, we should be able to predict which LGUs should be included in subsequent rounds of project activities, thus improving the ability of the project to achieve their performance targets.

- The combination of data that is being collected will put the project in a good position to define what combinations of TA and LGU organizational characteristics lead to best results. While some of this is known, very little documentation of this type of work is available, and this sort of analysis would reflect well on the project, on MSH and on USAID. It would also be helpful in designing future projects with goals similar to LEAD.

The **Project Performance Monitoring Unit (PPMU)** is the lead unit that will develop and implement the project's Performance Monitoring and Evaluation Plan. It has primary responsibility for the continuous functionality of the project monitoring and tracking system, and for documenting, applying and disseminating the resulting information that is produced, to users both inside and outside the project. It is also responsible for the preparation of all technical reports and documents for submission to USAID to fulfill contractual requirements.

LGU Unit

First Year Work Plan

(October 31, 2003 – December 31, 2004)

March 31, 2004

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-C-00-03-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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LIST OF ACRONYMS

ARMM	Autonomous Region in Muslim Mindanao
CBMIS	Community-based Monitoring and Information System
CHD	Center for Health Development-Department of Health
CPR	contraceptive prevalence rate
CSR	contraceptive self-reliance
DILG	Department of Interior and Local Government
DOH	Department of Health
FC	Field Coordinator
FOM	Field Operations Manager
FP	family planning
FPHSU	Family Planning and Health Systems Unit
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
LAS	LGU Advocacy Specialist
LCE	Local Chief Executive
LCP	League of Cities in the Philippines
LGA	Local Government Advisor
LGPS	Local Government Performance Specialist
LGU	Local Government Unit
LHB	Local Health Board
LMP	League of Municipalities of the Philippines
MCH	maternal and child health
MOA	Memorandum of Agreement
MSH	Management Sciences for Health
NGO	nongovernmental organization
NHIP	National Health Insurance Program
NLCM	National League of Cities and Municipalities
PBC	performance-based contracts
PHN	population health and nutrition
PHO	provincial health offices
PU	Policy Unit
RHO	Regional Health Offices
RHU	Rural Health Unit
SC	Save the Children
SEC	Securities and Exchange Commission
SIO	Service Institutions and Organizations
STTA	short-term technical assistance
TA	technical assistance
TAI	Technical Assistance, Inc.
TB	tuberculosis
TFR	total fertility rate
ToP	Technology of Participation
USAID	United States Agency for International Development

The LGU Unit First Year Work Plan

I. UNIT GOALS AND STRATEGIES

Desirable results from current efforts promoting family planning and increasing contraceptive use can only be realized if a critical mass of LGUs and local chief executives (LCEs) and their local program implementers strongly commit to carry out wide-scale family planning and health programs that address both fertility and maternal/child health issues. Past experience and lessons learned from previous USAID assistance to LGUs show that the involvement of local chief executives has been very limited. Many LCEs lacked sufficient understanding and appreciation of the program and had been inclined to delegate the responsibility of implementing these programs completely to their respective local health officers.

The LEAD for Health Project will address these vital concerns by implementing 2 of the 4 major tasks that aim to strengthen local level support for, and the management and provision of FP, TB and other selected health services. These tasks are as follows:

1. Task A: Increasing local level support for family planning and other health services;
2. Task C: Increasing the availability of LGU financial resources for health services; and

The achievement of Task B of Project Component 1, which is "Improving Health Management and Information Systems for LGUs", covering local health and finance management aspect, shall also be a major responsibility of the LGU Unit.

The success of implementing these tasks means the achievement of the following goals:

Goal 1: Increased local level support for family planning and other health services
Goal 2: Increased availability of LGU financial resources for health services

The LGU Unit also sets for itself the task of orchestrating and synergizing all project technical assistance to participating LGUs in a manner that is participatory, responds to their needs and improves the financial, managerial and technical capabilities of the LGUs in providing FP/MCH/TB/HIV/AIDS services to their constituents.

While the Unit's focus of work covers the local executives, legislative and health officials, it also gives due attention to the DOH Center for Health Development (CHDs) and the private sector, the civil society and the community in increasing local level support for the project.

The objective is to encourage the LGU leadership and management to redefine the agenda of good governance and local development to include the project's family planning and health service concerns. The Unit gives strong support to LGUs as they take the lead in supporting advocacy for better health.

To achieve all these, the Unit takes on the role of initiating and managing project activities that move the cycle of supporting LGU advocacy activities, strategy development, planning, implementation, monitoring and evaluation into such an ever growing extent as to cover a minimum of 530 LGUs (covering about 40% of the total population) for three years

For the first year of project implementation, LGU Unit activities will be guided by the following General Strategies:

1. Phasing of LGU Selection/Engagement
2. Provincial Convergence Strategy for LGU Selection, Training and Implementation, and Supporting LGU Advocacy Activities
3. Cooperative Undertaking or Cluster
4. Work Closely with Mandated Agencies and Institutions

1. Phasing of LGU Selection/Engagement

Pre-Elections Phase

1. Select 15 municipal sites whose incumbent LCEs are most likely to win, per ground level and other network information. The lead-time the project gains by starting early gets a good bonus from continuity. Besides, electoral campaigns in this light are normally not as disruptive to official business as when the LCE is far from assured of winning.

2. In addition to 15 municipal cites, select five (5) HIV/AIDS sentinel sites as additional project sites, for an initial total of 20 LGUs comprising the first batch for Year 1.

3. Ground or high-level project activities shall *completely* avoid any talk or action that may provoke perceptions of electoral involvement in the area. Perception is reality.

4. If the incumbent loses the elections, apply post-elections strategies.

5. Identify potential service institutions that can provide technical assistance to participating LGUs.

Post-Elections Phase

- Consider the following critical dates:

    1. May 10 – National and local elections
    2. June 30 – LCE-elect sworn into office.
    3. July 15 – LCE issues budget call; offices prepare their own budget proposals, which are consolidated into an executive budget.
    4. September – ARMM elections
    5. October 16 – LCE submits executive budget to the Sanggunian; law may add no new budget item.
    6. December 31 – Deadline for enactment of the appropriations ordinance.
    7. Include dates for National/Regional FP/TB/Immunization/HIV/AIDS/Population mobilizations.

In sum**:** The next 90 participating LGUs are allowed a window of 6 calendar months, from July 1 to December 2004, for an engagement process that would involve LGUs planning, organizing local teams, and committing local funds for FP/health concerns;

- Phase the enrollment and full engagement of 90 LGUs by engaging them in three batches of LGUs at 30 each from July to December, with each batch rolling from one engagement step

to another until the end of the year.

- TA delivery is not bound directly by the calendar constraints mentioned above. If the LGU sites are ready, TA delivery can go ahead unhampered from the earliest possible month and move through the fourth quarter. However, it is bound by project efforts to identify and mobilize SIOs, or to utilize other available methods of providing technical assistance, subject to USAID approval – in time for the LGU engagement process.

2. Provincial Convergence Strategy for LGU Selection, Training and Implementation, and Supporting LGU Advocacy Activities

To optimize the limited time available and achieve cost-effectiveness, the Unit shall apply the *provincial convergence strategy* in the selection of LGUs, in supporting advocacy work and training. In selecting, for instance, the last two batches of LGU sites for the post-elections phase: choose, say, eight municipalities in one province, instead of four each in two. A good governor motivated enough can take some steps that may ease the time pressure on the project (he can call the mayors to a meeting and achieve better attendance, assuming the political reality warrants it). The strategy also provides a natural administrative and jurisdictional environment for clustering, which may even include the provincial government. Aside from tertiary health services, population development services are devolved to provinces. Moreover, under the law, provincial health officers exercise general supervision over health officers of component cities and municipalities.

The application of the provincial convergence strategy, however, takes into full account the political reality in the province face to face to with the inherent *apolitical* nature of the project. The strategy applies best in situations in which political relationships respect or acknowledge that nature, and avoid compromising it in any way, for whatever reason or purpose.

3. Cooperative Undertaking or Cluster

An innovative provision in the Local Government Code of 1991 encourages LGUs, "through appropriate ordinances, to group themselves, consolidate, or coordinate their efforts, services, and resources for purposes commonly beneficial to them." (Sec. 33) In support of such "cooperative undertakings," the same provision allows LGUs to:

1 contribute funds, real estate, equipment, and other kinds of property; and
2 appoint or assign personnel,

upon approval by their respective Sanggunian, after a public hearing conducted for the purpose; and under terms and conditions agreed upon by the participating LGUs through a MOA.

The Unit, as a matter of course, aims to facilitate, assist or support LGU initiative in this regard, mainly to –

1 Harness the potentials of synergy, which inhere in cooperative efforts, to help achieve local development objectives;
2 Enhance and help institutionalize peer-to-peer network, support and sharing initiatives among participating LGUs;
3 Facilitate project implementation;
4 Avoid LGU-based institutional or official constraints;
5 Optimize the use of project resources; and

6 Build the base for sustaining FP/health service delivery beyond project life; among other things.

As such, taking its cue largely from the ideas advanced in the MSH Technical Working Document for this project, the Unit will follow the following indicative courses of support actions:

- Identify, through mapping and other means, existing active clusters of LGUs, whose unifying orientation could later be linked to or made to include FP/health concerns.

- Work closely with the League of Municipalities whose chapters are organized by province and provide an institutional structure for cluster activities.

- Immediately organize targeted LGUs in a province, which have expressed their intent to participate, into group meetings or any such other event, for initial discussions on project principles and orientation, goals and objectives, targets and strategies, support and TA areas, and the like, including the exploration of the mandate and benefits of cooperative undertakings.

- As much as possible, make and maintain subsequent direct contacts with interested or participating LGUs, at all levels of project implementation, through their clusters. FP/health information, communication, and similar activities shall put a premium on using the convenient channels offered by clustering.

- Address the assessed management development and training needs through a cluster or regional training programs, whose audience may include, if warranted, appropriate DOH staff or personnel in the area. Such programs' orientation will guide capacity-building activities that are needed for achieving LGU-set, as well as cluster-based, goals and objectives.

- LGU Unit coordination with other project Units will reiterate and reaffirm the benefits of cluster-oriented implementation of certain project tasks. The Unit shall support initiatives that aim to develop LGU clusters into good and generous grounds for doing activities whose success factors derive only, largely, or critically from cooperative undertakings, such as those on health monitoring, local systems improvement, market development for FP/health concerns, and FP/health technical and skills training.

4. Work Closely with Mandated Agencies and Institutions

The focus of the project covers the provision of FP/health service assistance to LGUs. For effective implementation, sustainability and other purposes, such focus also covers naturally those agencies, institutions or units enjoying the legal and technical mandate to work with LGUs. The Unit aims to work or coordinate with them closely. Specifically, it will:

1 Coordinate with DOH Centers for Health Development (CHDs)/ Regional Health Offices (RHOs) on project implementation activities, and tap PhilHealth Regional Offices as network resources. The Unit bears constantly in mind that work with local health offices are greatly facilitated by good working and coordinative relationships with DOH regional officers and offices, and shall thus be pursued with due effort.

2 Enter into partnership agreements, where viable, with the National Leagues of Cities and Municipalities for them to support advocacy and capacity building activities for member LGUs within the project sites. The role of the Leagues is crucial in influencing and mobilizing its chapters regardless of party affiliation, and, in cases of conflict and where necessary, in mediating among local chief executives. The project can learn from other donor-supported projects that have standing agreements with the Leagues of Municipalities and League of Cities on selected areas of project management and implementation.

The Leagues are officially registered with the Securities and Exchange Commission (SEC). The leagues are non-stock and non-profit, with a quasi-NGO personality. The LEAD Project can provide, subject to USAID approval, performance-based grants to LGU Leagues to support advocacy work at the project sites.

Indicative courses of action may include the following:

* Make representations with League leadership and executive staff to allow the LGU Unit to present the project before a national board or executive committee meeting. As one measure of success, the presentation should yield a formal expression of support from League management for the project.

* Identify with League officers and staff, areas of project implementation in which League support would prove viable and practical in ensuring operational effectiveness and efficiency and paving the way for sustaining activities beyond project life.

* Formalize partnership agreements through a MOA or contract using any of the TA methods applicable. As juridical entities, the Leagues legally enjoy the right to enter into such agreements.

II. YEAR-1 TARGETS:

For the coming year, the Unit aims its sight at hitting the following targets, and sets out the corresponding strategies for the purpose

The following list summarizes the specific targets that the LGU Unit shall aim to achieve by end of year one:

1. One hundred ten (110) LGUs engaged in the process of assessing, planning for and implementing expansion of, access to, and utilization of improved FP, TB, HIV prevention and selected MCH services, with:

    a. all of them underwent initial project orientation and signified intent to participate

    b. eighty (80) of them engaged in in-depth health situation assessment and implementation planning with needs, capacities and priorities identified through participatory workshops and follow-on assessments (FPHS & LGU Unit Responsibility)

    c. Fifty (50) of them have signed MOA with the LEAD Project

d. twenty (20) of them implementing local FP/health policies, upon local health board (LHB) recommendations; and such policies are enabled through resolutions, ordinances or executive orders

e. At least 20 of them initiating implementation of a local CSR+ Plan

2. Five (5) new advocacy groups actively supporting local FP initiatives

3. Specific Strategies and Implementation Plans for the following completed:
   - PHN/ LEAD Strategy/Supplemental Plan for ARMM developed and approved by USAID
   - Field Operation Plan (Luzon, Visayas, Mindanao) formulated

III. THE LGU ENGAGEMENT PROCESS

Engaging the 110 target LGUs will proceed in two stages, namely: the pre-elections stage and the post-elections stage. An LGU is considered engaged if it has done all of the following activities, with their corresponding tangible products:

PROCESS	PRODUCT
1. Expressed intention to participate in the Project	1. Signed letter of intent and completed pre-assessment forms
2. Completed their initial health situation assessment through the conduct of participatory workshops	2. Assessment report and documentation reflecting LGU needs, capacities and priorities
3. Completed prioritization, TA needs identification and development of implementation plan	3. Reports identifying specific TA needs for target LGUs and implementation plan document
4. Entered into a MOA with the LEAD Project	4. MOA signed by LEAD and the participating LGU
5. Initiated implementation activities and set up their progress monitoring framework	5. Contract documents with SIOs (subject to USAID approval) and progress monitoring framework

Approach

Phase the start of the engagement of the 110 LGUs as follows:
a. Twenty (20) before the elections; and
b. Ninety (90) after the elections.

Development of the ARMM Strategy

The project will work mainly with the ARMM Regional Government (taking the ARMM as a single LGU) in increasing the budget allocation for FP/health services. It will also work with the provincial and municipal governments within the ARMM area. A supplemental Work Plan for ARMM will be developed early this year.

Approach

Ensure a broad-based participation in the development of the ARMM strategy, both from within the project organization and from without, including its collaborators, partners and other cooperating agencies. To help implement these steps, the project shall form an *ad hoc* ARMM strategy development support team, whose members shall represent their respective Units in providing technical direction and internal inputs to the strategy development process.

Provide venues, such as strategy development retreat, workshops, etc, for the intensive review of the results framework and validation of the development hypotheses for ARMM; and for establishing the best implementation approach for ARMM based on lessons learned from other development partners in Mindanao.

Identification and Engagement of Advocacy Groups

Approach

a. Scan/identify local advocacy groups and past and current work on FP, TB, MCH and HIV/AIDS
b. Develop a local advocacy framework
c. Develop and produce generic and local advocacy materials
d. Undertake orientation activities
e. Undertake networking activities
f. Design and implement trainings on local advocacy

Formulate a health management capacity development program and implementation strategy, with due focus on training, aligned with project goals, objectives and strategies and in fit with project/unit plans and activities.

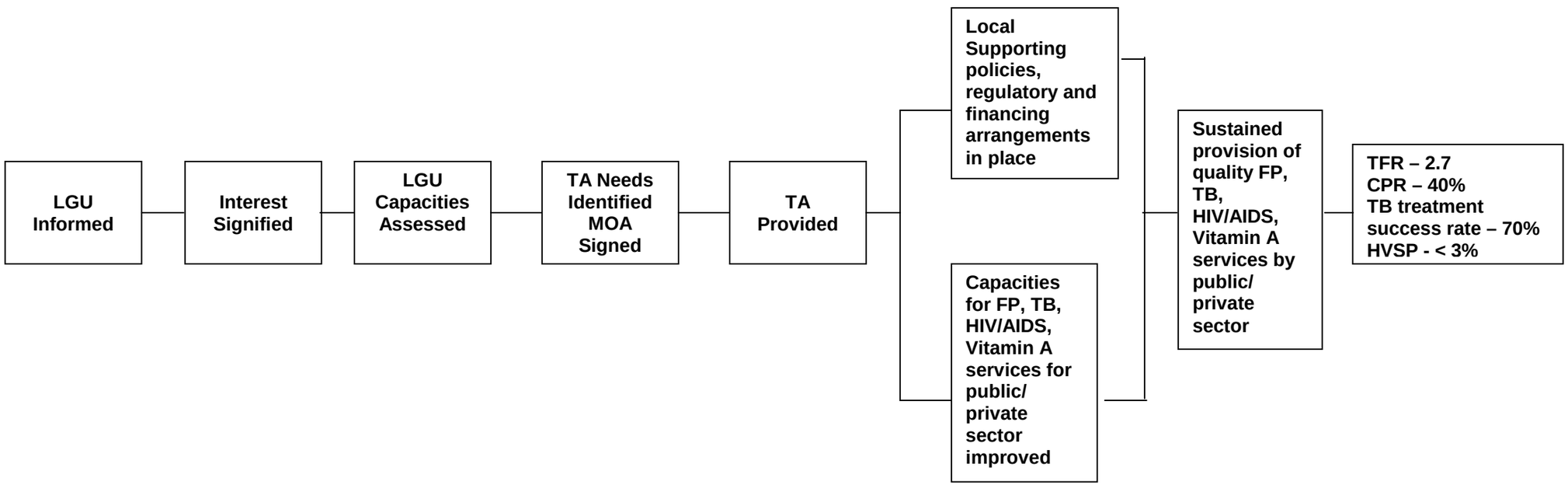
Approach

a. Conduct a health management capacity development and management training needs assessment and front-end analysis;

b. Based on the result of the needs assessment, conduct a review of the literature, supplemented by interviews, to survey health management capacity development and management training programs that are currently or were previously implemented among LGUs by pertinent government agencies (DOH, Civil Service Commission, DILG-Local Government Academy), LGU Leagues, NGO's, academic institutions, and cooperating agencies, among others;

c. Develop a health management capacity development program and implementation strategy, with due focus on management training, aligned with project goals, objectives, and strategies, and in tight fit with project/unit plan and activities.

IV. UNIT ACTIVITY FLOW



V. UNIT DESCRIPTION, COMPOSITION AND FUNCTIONS

The LGU Unit is headed by a Director, who exercises primary leadership over, and manages and supervises, all project Unit activities, either directly or indirectly through the Local Government Advisor, the Field Operations Manager, and members of the technical support staff and field operations staff, whose respective functions are briefly described below.

Technical Support Staff

FIELD OPERATION MANAGER shall assist the Unit Director on field management concerns, particularly in such areas as monitoring and assessment of fieldwork progress and performance, project field contract compliance, finance and administration, and such other internal management system and procedures.

LOCAL GOVERNMENT ADVISOR, She is responsible for ensuring that the project strategies developed at the center are practical, realistic and doable at the local level, and consistent with the "bottom up" approach to LGU management of FP/health services. She is tasked to maintain close working relationships with the LGU Leagues and other local partners to assure that the LGU-project relationships are productive and consistent with LGU and project expectations. She also ensures that participating LGUs are ready and willing to receive policy changes, technical assistance and other activities that strengthen their commitment to improve service delivery.

LGU PROGRAM PERFORMANCE SPECIALIST. She is responsible for ensuring that the performance contracts with SIOs, LGUs and other implementing organizations are well designed to improve performance. She has overall responsibility for developing a monitoring framework and monitoring performance of SIOs and LGUs with performance contracts using verifiable data. She will maintain ongoing liaison with all project subcontractors, with support from the LGU Unit Director, the Field Operations Manager and other Unit staff. She will work with the project staff, DOH and other agencies to ensure that standards for quality service delivery are incorporated in performance contracts. Together with the Performance Based Contracts Manager and other evaluation committee members, develop evaluation criteria for selecting and granting of performance contracts to SIOs.

LGU ADVOCACY SPECIALIST. She is responsible for developing an LGU advocacy framework and for overseeing the implementation of local advocacy plans. Specifically, she is responsible for ensuring the performance of tasks and activities that aim to encourage Local Chief Executives and the Sanggunian into broadening their support for the provision of FP/health services. She is mandated to assist in the development and implementation of strategies that seek to expand the participation of LGUs in achieving the goals and objectives of the project. She is required to perform her work in very close coordination with Cooperating Agencies (CAs) that seek to improve the social acceptance of FP.

LGU FINANCE SPECIALIST. He is responsible for the development and implementation of strategies that aim to increase the financial resources of LGUs to support family planning and health programs. He is also in charge of developing systems for the effective and efficient use of local resources.

TRAINING MANAGEMENT SPECIALIST. Largely responsible for performing management and oversight duties and functions that serve to strengthen and develop the health service management capacity of local chief executives, LGU management staff, regional/ provincial health management staff and others; and undertake all assessments required to determine the

management development and training needs for the efficient and effective delivery of health services at the LGU level.

Field Operations Staff

Composed of one Team Leader/Field Coordinator each for Luzon, the Visayas, and Mindanao, who leads and manages, in turn, a team of Field Coordinators, whose individual members initially cover participating municipalities and cities in one or more provinces.

TEAM LEADER/FIELD COORDINATOR. Serves as the first among peers. Aside from discharging the functions and performing the tasks and duties of Field Coordinators, the Team Leader/FC also leads and manages Field Coordinators and ensures their adherence to project standards of work quality, efficiency, effectiveness and such other measures of performance that project management may prescribe. The Team Leader/FC also ensures the implementation of financial and administrative systems and procedures for organizational, resource, operational and administrative efficiency and effectiveness of the field offices; and exercises supervision over all personnel of the Field Office.

FIELD COORDINATOR. Generally responsible for leading and managing the implementation of project plans, programs and activities, including the provision of attendant financial, organizational, administrative, system and such other support requirements, in their respective assigned areas. He or she monitors project deliverables and the impact of technical assistance at the LGU level; and coordinates with DOH regional offices project activities, and with donors and cooperating agencies supporting related programs in the area, and keeps them constantly informed about project plans, programs and activities;

Overall, the Unit encourages and provides support for participating LGUs as they take the initiative of mobilizing their own resources and developing their capabilities, to facilitate the provision of technical and other support for family planning and health service delivery by the FP/Health System or other project Units.

VI. WORKPLAN PREPARATION PROCESS

This Work Plan for Year 1 (Oct 2003-December 2004) details the activities and strategies that aim to fully engage one hundred ten (110) municipalities and cities to take FP and health service goals as their own, while mobilizing their resources in pursuit of the same. It also prepares the project in scaling up its activities to reach more than 530 LGUs.

The Unit Work Plan has drawn guidance from the result of the first project orientation and strategic planning event initiated by project management on November 4-6, 2003.

A consensus building process among all unit members and field coordinators was subsequently initiated until it produced the final Work Plan. Series of Unit and project management workshops, meetings and consultations were held to agree on Unit goals and objectives, develop strategies, identify the activities and tasks for implementing them, agree on the expected results or outcome, draw an implementation timeline, and propose an activity-based budget.

Consultations with the LGU Leagues and technical experts on various areas from MSH technical staff and partner institutions were also conducted to gain insights and knowledge on topics and issues that have bearings on the Work Plan in progress. Those who were consulted by the Unit members are the following:

1. League of Municipalities of the Philippines
2. League of Cities of the Philippines
3. ARD, Inc.
4. Harvard School of Public Health
5. Technical Assistance, Inc.

VII. SHORT-TERM TECHNICAL ASSISTANCE

Technical Assistance Needed by the LGU Unit:

Deliverable: ARMM Strategy Development
Consultancy Firm: TAI/Save the Children
Schedule: March-May 2004

The scope of work for availing of the services of TAI and Save the Children will cover, among other things, the conduct of activities on population, health and nutrition concerns, which aim to -

a) Assess the situation in ARMM on said concerns;

b) Identify, define, analyze, and recommend measures to address the problems, issues, and constraints in the current ARMM situation where health service delivery and related functions and facilities are not devolved directly to component LGUs, but vested in under the responsibility of the autonomous regional government; and point to and describe the opportunities obtaining in the same situation;

c) Identify, describe and draw or highlight lessons from best practices in ARMM program implementation related to population, health and nutrition, whether past or current;

d) Yield results and product that offer an analytical assessment of conditions and prospects on the above cited concerns, which the LEAD Project may take into account in providing TA in the area; and

e) Based on the analytical assessment report, recommend strategic action points for an ARMM strategy.

TAI in close collaboration with Save the Children will take the lead in this undertaking. TAI has extensive international experience in family planning work in Muslim societies in countries like Indonesia, Bangladesh, Afghanistan and India. Save the Children has the ground experience working with Muslim communities in the ARMM. The combination of both expertise will provide valuable insights for the development of the ARMM strategy for the LEAD Project.

Deliverable: Local Health Management/Leadership Capacity Development Assessment, Program, and Implementation Strategy
Consultancy Firm: Harvard School of Public Health
Schedule: May 2004 (LOE: 11 days)

The scope of work for availing of the services of will cover, among other things, the conduct of activities on local health management system and development (including management training) concerns, which aim to *produce the necessary output from a rapid assessment and front-end analysis of local health management system and management/leadership development capacities*

and needs in the first batch of twenty participating LGUs, using a framework and tools developed, proposed to , and accepted by Project management for the purpose. The assessment and analysis shall aim, in turn, to –

- Present an overview of the local health system in the first batch of 20 participating LGUs, identifying common and varying elements in terms of people, materials, equipment/technology, process/procedure, and time;

- Define clearly the gap between the current health service delivery situation and the agreed desired situation, with due stress on management system and development capacities, and staff performance, skills, knowledge, and attitudes/abilities;

- Determine the common and specific health system and management performance opportunities, issues, challenges and needs, and their causes, by degree of importance and urgency in relation to attaining the desired situation;

- Propose possible management system and development capacity strengthening solutions with appropriate rationale, highlighting training solutions where warranted, presented by degree of importance and urgency relative to attaining the desired situation;

- For management development/training solutions, identify the appropriate approach, model or methods, define the specific goals and objectives, and establish clear measures for evaluating outcome or results

- Propose a management development/training program and courseware and implementation strategy, guided by project goals, objectives, and strategies, and in tight fit with project/unit plan and activities. The program and courseware must take into account relevant concerns in the following areas:

    - Population and development dynamics
    - Managing health programs at the municipal level
    - Managing Rural Health Units and District Hospitals
    - Establishing drug supply and management System
    - Management and organization skills, knowledge, attitude/ability
    - Problem-solving tools and methods
    - Management of change
    - Negotiation skills and conflict resolution
    - Strategic planning
    - Social marketing
    - Transparent accountable management

- Propose a program implementation strategy for the first and the succeeding batches of participating LGUs, taking into account, among other things, the volume and time involved.

VIII. LGU UNIT FIRST YEAR WORKPLAN (Activity Matrix)

Goal 1: Increased local level support for family planning and other health services
Goal 2: Increased availability of LGU financial resources for health services
TASK 1. To organize a fully functioning LGU Unit from central down to field levels, with planned yearlong action.

Strategy/Activities	Deliverables	Budget	Start Date	Completion Date	Person/ Group Responsible
I. START-UP PHASE					
1. Organize LGU Unit	Unit organized		October-03	November-03	LGU Director
2. Develop Unit Work Plan	Approved Work Plan		December-03	December-03	LGU Unit
3. Build Unit organizational structure, with staffing		**237,146.00**	December-03	March-04	
Establish and equip field offices					Director and FOM
Recruit field coordinators (FC)					Director and FOM
Orient/train FCs on TWD, Health and LGU concerns					LGA/LAS
Train Field staff on ToP & ***advocacy support***					LGA/LAS
Develop materials for FC self-teaching					LAS
4. Develop (implement) field operation plans	Plan documents	**564,187.00**	January-04	June-04	
For Luzon					FOM/FCs
For the Visayas					FOM/FCs
For Mindanao					FOM/FCs

Strategy/Activities	Deliverables	Budget	Start Date	Completion Date	Person/ Group Responsible
II. TEST PHASE					
1. Develop an ARMM PHN strategy			December-04	May-04	LGU/PU/ FPHS/PM
Organize the ARMM Strategy Development Team					units with TAI-STTA
Literature search and gather relevant data on ARMM					
List key institutions, individuals, NGOs and other stakeholders for the purpose of meeting, focused group discussion and local level workshops					
Interview and meet stakeholders in ARMM					
Conduct focused-group discussions with different stakeholders					
Conduct workshops to brainstorm on PHN issues					
Identification of best practices, lessons					
Compilation and draft strategic development plan					
Estimate resource requirements					
Present recommended strategic development plan to ARMM and USAID					
Submit final ARMM strategic plan to USAID					
2. Develop supplemental work plan for ARMM			May–04	June–04	LAS
3. Develop advocacy support plan/materials		**65,905.00**	April-04	June-04	LAS
*Scanning of local **advocacy** work on FP, TB, MCH, and HIV/AIDS*					
*Develop **advocacy support** framework*					
*Develop and produce **advocacy support** materials*					

Strategy/Activities	Deliverables	Budget	Start Date	Completion Date	Person/ Group Responsible
4. Sum up lessons from past and on-going programs for LGUs	Summing up report/documentation	**5,364.00**	May-04	May-04	Director/ MARIO TAGUIWALO
5. Engage LMP/LCP	MOA document	**61,818.00**	Subject to settlement of engagement issue and USAID approval		Director/LGA
Introduce the project to League leadership & management					
Identify with League officers and staff possible areas of League support for project implementation					
Formalize partnership agreements thru MOA					
6. Conduct a rapid assessment and analysis of a local health management system and capacity development (including training) needs – first batch of participating LGUs	Rapid assessment and needs analysis report	**36,363.00 (budget includes item no. 7)**	May-04	June-04	MDS/Harvard SPH
Mobilize partner services to develop program					
Facilitate partner activities					
7. Develop a local health management system and development (including training) program and implementation strategy – first batch of participating LGUs	Program and strategy documents				MDS/Harvard SPH

TASK 2: To select 110 project sites in four batches

Strategy/Activities	Deliverables	Budget	Start Date	Completion Date	Person/ Group Responsible
III. INITIAL ROLL-OUT PHASE					
1. Draw final list of Year 1 target LGUs by batch	Final list of LGU targets by batch		December-03	January-04	Director
Finalize list of Year One target LGUs by batch					
2. Orient LGU leaders about the LEAD Project and elicit expressions of interest from target LGUs	Letters of intent from at least 20 LGUs	**1,818.00**	December-03	January-04	
Send letters of invitation to LGUs with attached project brief & pre-assessment tool	Initial assessment report on LGUs				COP/Director/ LAS
Follow-up LGU responses, Letter of Intent and assessment tools					
Assess interested LGUs based on accomplished assessment tools					
3. Initiate and maintain coordination with provinces respectively covering targeted & participating LGUs	Orientation visits/sessions held	**4,000.00**	January-04	December-04	Director/LGA/ LAS
Orient and update concerned governor and PHOs on LGU selection process					FOM/FC
Establish coordination & information channels with key provincial officers					
4. Initiate and maintain coordination with DOH CHDs	Orientation visits and sessions held		January-04 -Iterative-	December-04	
Orient CHDs on the project		**2,000.00**			Director/LGA LAS/ FOM/FC
5. Initiate and maintain coordination with other potential partners in the area	Orientation sessions held	**6,000.00**	January-04 -Iterative-	December-04	LGA/LAS/FO M/FC
Prepare project presentation materials					

Strategy/Activities	Deliverables	Budget	Start Date	Completion Date	Person/ Group Responsible
Schedule and coordinate orientation activities					
Orient partner institutions on project					
6. Select participating LGU by batches and gather relevant LGU data	LGU selected Relevant LGU data gathered	**20,000.00**	October-03	December-04	
First batch (20)					
Second batch (30)					
Third batch (30)					
Fourth batch (30)					
Do an Inventory of existing/past health programs in LGU.			July-04	September-04	FOM/FC
Build database on & identify active LGU clusters			July-04	September-04	FOM/FC
Select LGU sites by batches, either individually or by cluster			October-04	December-04	Director/FOM/ FC
Inform/orient selected LGUs & provinces on next steps					FOM/FC
Identify clustered LGU sites for possible inclusion in the project					FOM/FC
7. Stakeholder analysis and political mapping	Mapping report with analysis	**14,545.00**	June-04	December-04	
Conduct stakeholder/political mapping training for LGU unit					LGA/HSPH-STTA
Design stakeholder/political mapping activity					LGA
Do the mapping					FOM/FC
Write mapping report with analysis					FOM/FC

TASK 3. Assess FP/Health service capacities and needs and priorities, and establish performance benchmarks of selected sites

Strategy/Activities	Deliverables	Budget	Start Date	Completion Date	Person/ Group Responsible
8. Develop the Planning 'Workshop design	Workshop design. Hire SIO to facilitate work shop		January-04	February-04	FPSHU/LGU Unit
Design workshop content and process					LGA/LAS
Write SOW for the workshop					LGA/LAS
Identify SIO for Workshop					LGPS/LGA/ LAS/SIO
Contract SIO					LGPS
9. Hold LGU-LEAD Planning Workshops – by batch/Conduct follow-on assessment		**787,164.00**	January-04	September-04	LGA/LAS/FO M/FC/ SIO
First batch	20		January-04	March-04	
Second batch	30		June-04	September-04	
Third batch	30		October-04	December-04	
Fourth batch	30		October-04	December-04	
Conduct planning workshops					LGPS and PBC Manager
Send workshop outputs and other documents to participating LGUs					

TASK 4. To enter into and formalize a mutual commitment with LGU project sites

Strategy/Activities	Deliverables	Budget	Start Date	Completion Date	Person/ Group Responsible
10. Sign MOA by batch	MOA documents		June-04	December-04	
Sign MOA, with Performance Framework and plan documents					LGPS/FOM/ FC
Five MOAs signed	5 LGUs signed MOA with LEAD Project		April-04	June-04	
Fifteen MOAs signed	15 LGUs signed MOA with LEAD Project		July-04	September-04	
Thirty MOAs signed	30 LGUs signed MOA with LEAD Project		October-04	December-04	
11. Assist/facilitate LGU efforts to comply with commitments by batch		**5,295.00**	June-04	December-04	
Organize LGU core teams or mobilize existing LGU task forces					SIO/FOM/FC
Ensure FP/Health allocations in AIP and approved Budget of participating LGUs					
Provide cost items and estimates to participating LGUs based on priorities					SIO/FOM/FC
LGUs based on priorities identified via W/S					SIO/FOM/FC

TASK 5. To deliver the appropriate technical and other assistance to participating LGUs through subcontracts and other means

Strategy/Activities	Deliverables	Budget	Start Date	Completion Date	Person/ Group Responsible
12. Participate in the development of performance-based contract procedures, subject to USAID Approval	System documents & manuals and criteria; Systems installed	**2,727.00**	January-04	June-04	PBCM/LGPS
Participate in developing criteria for selection of SIOs					PBCM/LGPS
Participate in designing and installation of systems & procedures for SIO, vouchering direct subcontracting, and grants methods					PBCM/LGPS/ Other LEAD pertinent staff
Develop technical provisions for performance contracts and as inputs to LGU performance framework					LGPS
13. Develop and provide technical assistance on appropriate LGU financing approach or strategies for FP and health services by batch	Tools, template and model ordinances for LGU financing	**661,832.00**	January-04	June-04	FS
Develop tools, templates, procedures and model ordinances					FS
Orient/Train LGU Financial/Consultants and concerned LGU officials: Budget Officer, Treasurer and sanggunian chair of appropriations committee on tools, templates, etc. for implementing market development actions					FS
Provision of TA to LGU by SIOs					SIOs
Monitor and provide technical oversight to SIO and LGU					FS
14. Implement local health service and management capacity development/training program - first batch (20 LGUs) and succeeding batches, depending on the implementation strategy	Program implemented		July-04	September-04	MDS/SIO
First batch	20	**145,455.00**			
Second batch (initial	30	**130,910.00**	October-04	December-04	

Strategy/Activities	Deliverables	Budget	Start Date	Completion Date	Person/ Group Responsible
implementation)					
Provision of TA to LGU by SIOs					
Monitor implementation and performance and provide technical oversight					
15. Support the development and implementation of local advocacy support strategies	Local advocacy strategy documents;	**70,008.00**	April-04	June-04	LGA/LAS
*Organize or link up with local **advocacy** groups*	Trainings held.				LGA/LAS/ FOM/FCs
*Train partners on: ToP, **advocacy**/social mobilization work conflict resolution& negotiation skills, media*					SIOs with assistance of FPSHU
Train partners on FP/health project concerns					
*Help develop local **advocacy**/social mobilization plans*					

TASK 6. To install and implement a performance monitoring system for participating LGUs and partners

Strategy/Activities	Deliverables	Budget	Start Date	Completion Date	Person/ Group Responsible
16. Gather baseline data for participating LGUs on indicators based on assessment tools developed by batch	Baseline database; analysis & summary reports	**43,636.00**	April-04	December-04	FOM/FC
17. Process and establish database of baseline information by batch			April-04	December-04	FOM/FC
18. Monitor LGU/SIO Performance		**9,091.00**	March-04	December-04	LGPS
Develop LGU performance monitoring plan					
Build and install partner performance monitoring system					
Conduct evaluation activities					
19. Hold mid-year Unit evaluation and strategy development meeting	Assessment and strategy document	**1,818.00**	July-04	July-04	LGU Unit/Director
Design first meeting process and prepare materials					
Hold semi-annual assessment & strategy meetings					
Submit document					
20. Design second phase of advocacy, strategy development, and planning	Annual assessment report	**1,818.00**	November-04	November-04	Director
Annual Unit assessment & strategy development meeting					LGU Unit/Director
Design first meeting, preparation of materials					
Hold annual strategy meetings of LGU Unit					
Submit document					
GRAND TOTAL (US$)		**2,878,901.00**			

Family Planning and Health Systems Unit

First Year Work Plan

(October 31, 2003 – December 31, 2004)

March 31, 2004

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-C-00-03-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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LIST OF ACRONYMS

AED	Academy for Education and Development
ANC	Antenatal Care
ARMM	Autonomous Region in Muslim Mindanao
HIV/AIDS	AIDS Surveillance and Education Project
BCC	behavior change communication
BHS	barangay health station
BHWs	barangay health workers
BSS	behavioral surveillance systems
BTL	bilateral tubal ligation
CBMIS	Community-based Monitoring and Information System
CHD	Centers for Health Development, Department of Health
CPR	contraceptive prevalence rate
CSR	contraceptive self-reliance
DHS	Demographic Health Survey
DMPA	Depo-medroxyprogesterone acetate
DOH	Department of Health
DOTS	directly observed therapy short-course
ENRICH	Enhanced and Rapid Improvement of Community Health Project
EOP	End of Project
FFSW	freelance female sex worker
FHI	Family Health International
FIES	Family Income and Expenditure Survey
FP	family planning
FPS	Family Planning Survey
FPHSU	Family Planning and Health Systems Unit
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HKI	Helen Keller International
HSRTAP	Health Sector Reform Technical Assistance Project
HSS	HIV/AIDS Sentinel Surveillance
IDSCP	Infectious Disease Surveillance and Control Project
IDU	intravenous drug user
IMCI	Integrated Management of Childhood Illness
IMS	Intercontinental Medical Statistics
IP	indigenous peoples
IR	intermediate results
IUD	intrauterine device
JSI	John Snow International
LEAD	Local Enhancement and Development for Health
LGU	Local Government Unit
MARG	most-at-risk groups
MCH	maternal and child health
MCHS	Maternal and Child Health Survey
MEDS	Monitoring Evaluation and Design/Assessment Support Project
MGP	Matching Grant Program
MIS	management information system
MOA	Memorandum of Agreement
MOST	Micronutrient Operational Strategies and Technologies
MSH	Management Sciences for Health

MSM	men having sex with men
NEC	National Epidemiology Center
NGO	Nongovernmental Organizations
NSV	non-scalpel vasectomy
OPB	out-patient benefit
PBC	performance-based contracts
PHIC	Philippine Health Insurance Corporation
PHN	population health and nutrition
PHO	provincial health offices
PhilCAT	Philippine Coalition Against Tuberculosis
PhilTIPS	Philippine Tuberculosis Initiatives for the Private Sector
POPCOM	Population Commission
PU	Policy Unit
RH	reproductive health
RHO	Regional Health Offices
SIO	Service Institutions and Organizations
SO	strategic objectives
SS	Sentrong Sigla
STD	sexually-transmitted disease
STTA	short-term technical assistance
TA	technical assistance
TAI	Technical Assistance, Inc.
TB	tuberculosis
TB-DOTS	tuberculosis-directly observed therapy short-course
TFR	total fertility rate
TSAP	The Social Acceptance Project
USAID	United States Agency for International Development
VSS	voluntary surgical sterilization

The Family Planning and Health Systems Unit First Year Work Plan

I. UNIT GOALS AND STRATEGIES

To strengthen local level support for, and the management and provision of FP, TB and other selected health services, the Family Planning and Health Systems Unit (FPHSU) will be primarily responsible for carrying out 2 of the 4 major tasks that aim to address significant FPHS concerns at the LGU level such as (a) the weak capacity of LGUs to provide family planning and health services; (b) the need for functional health information systems; and (b) the lack of commitment of Local Chief Executives for FPHS. These tasks are as follows:

> *Task B: Improve the Health Management and Information Systems for LGUs*
>
> *Task D: Improve the quality of FP/MCH/TB and HIV/AIDS services and the performance of service providers*

To be able to effectively perform these tasks, the FPHS Unit has set the following goals and strategies for Year 1:

***GOAL 1*: Engage LGUs in the LEAD for HEALTH Project**
***Strategies*:**

1. Coordinate with the Department of Health and Provincial Health Offices (PHO)
2. Identify SIO partners for LGU facilitation
3. Prepare tools, instruments and guides for engaging LGUs in the project
4. LGU needs assessment and implementation planning for expansion of access and utilization of improved FP, TB, HIV/AIDS, and MCH services
5. Implementation of LGU plans in expanding access and utilization of improved FP, TB, HIV/AIDS, and MCH services

***GOAL 2*: Strengthen LGU Health Management and Information System**
***Strategies*:**

1. Improve existing LGU health information systems
2. Improve LGU logistics management system

The FPHS unit will focus on the aspects of logistics and information management, and will work with the LGU Unit to address other aspects of strengthening local health management, such as governance and local finance.

***GOAL 3*: Strengthen LGU Family Planning Services**
***Strategies*:**

1. Expand available FP method mix and improve quality of care
2. Expand delivery of FP services to underserved populations
3. Improve access to FP supplies; ensure access during CSR efforts
4. Increase capacity of LGUs to manage FP services including monitoring coverage and ensuring sustainability
5. Assess unmet need and contributing factors related to clients, services and providers
6. Assess and strengthen technical resources available to LGUs to increase available skills, quality and management of services.
7. Assess appropriateness of performance improvement approach in improving FP/RH quality of care and management.

GOAL 4: Strengthen LGU Anti-Tuberculosis Program Services
Strategies:

1. Enhance LGU capacity to deliver TB-DOTS and achieve national targets
2. Enhance LGU capacity to qualify for PhilHealth funding for TB
3. Improved involvement of the private sector in achieving national targets

GOAL 5: Strengthen LGU MCH Services
Strategy:

1. Improve quality and coverage of selected MCH services including the supplementation of micro-nutrients

GOAL 6: Strengthen HIV/AIDS Prevention and Control Program in HIV/AIDS sentinel areas
Strategies:

1. Improve HIV/AIDS Surveillance of the most-at-risk groups
2. Improve local NGO capacity to identify and reduce threat of HIV/AIDS among the most-at-risk groups

The unit goals set for Year I are expected to support the overall project goals of:

A. contributing to increasing the national contraceptive prevalence from 35.1 (2002) to 40% over a three year period;
B. increasing TB treatment success rate;
C. maintaining low HIV/AIDS seroprevalence rate among high-risk groups
D. increasing private sector provision of family planning services

More specifically, the unit is expected to contribute to the achievement of 9 out of the 14 Intermediate results identified under this project. These are:

IR1. Increased modern contraceptive use among the poor
IR2. Number of participating LGUs implementing TB-DOTS
IR4. Number of LGUs implementing health information systems
IR5. Number of LGUs implementing procurement and distribution system
IR6. Number of LGUs procuring contraceptives
IR8. Number of LGUs with all health centers SS certified
IR9. Number of LGUs achieving Level 2 certification
IR13. Number of LGUs implementing HIV/AIDS program
IR14. Number of LGUs providing high dose Vitamin A supplementation program by focusing on hard-to-reach areas.

Family planning efforts will aim to: (a) support LGUs respond to the *unmet need* for contraception of the 2.5 million (20%) married women (2002); (b) increase the proportion of couples receiving modern method services from the *private sector* from 28.5% (2002) to 32% (2006); (c) increase the number of LGUs financing, procuring and managing contraceptive supplies; and (d) support LGUs establish the process of market segmentation which will motivate those who can pay for contraceptives to receive their services from the private sector.

The challenge will be to meet the contraceptive 'unmet need' in order to achieve gains in the national contraceptive prevalence rate while implementing the CSR initiative. Indeed the challenge will also be to prevent a decrease in contraceptive prevalence during the initial process of market segmentation where clients will need to shift providers and/or share the costs of their family planning service.

Sustainability

The strategies of the FPHS unit will aim for sustained implementation of the program interventions even after completion of donor support. The unit will work with LGUs to increase use of services in FP, TB-DOTS, HIV/AIDS prevention, routine vitamin A supplementation, and improve the systems of delivery of health services. The project will work primarily with the DOH to ensure that all forms of assistance to the LGUs are properly coordinated and managed. This is important since the DOH is also providing technical, financial and logistical assistance to LGUs:

1. The LGU will be the primary client of the project requiring a maximum degree of political support and local resources
2. Involving the Department of Health, the Center for Health Development offices (Regional Health Offices), the Provincial Health Offices and the Population Commission from the outset of the project as secondary clients. Working with the DOH will ensure that all forms of assistance to the LGUs will be properly coordinated and managed.
3. The standards and targets used by the Sentrong Sigla will be consistent with the targets of the LEAD for Health Project
4. Building local capacity
5. Providing a wide range of tools, techniques, trainings and systems to encourage increasing improvements, greater empowerment and self-confidence at the LGU level
6. Using interventions that are inherently self-sustaining such as increasing the role of the private sector, cost savings through improved procurement and improved quality by meeting certification standards
7. Encourage local leadership, ownership of the process, resource mobilization and creative problem solving at the LGU level

Implementation Approaches

LGU assessment and planning support

In order to plan effectively, LGU teams will engage in a set of process to analyze the situation in their areas related to LEAD priority health services, management, and policy climates.

Initially, a *general overview* using a tool provided by the project will be completed and submitted with their expression of interest. In a workshop, the teams will be guided in analyzing their data and in using that information to develop strategies and overall implementation plans. For most LGUs this process will be guided by the SIOs, but for the initial group, the LEAD technical team will provide support (during the interim period of contracting the SIOs). For both efficiency and for cross-fertilization and peer support, several LGUs will be clustered for this workshop.

A more detailed set of tools will be used by LGUs to conduct in-depth assessments of key areas and issues and, where not already accomplished through the initial process, to establish baselines. This more complex level of assessment may need support from SIOs or LEAD team members in some LGUs or for specific components.

These detailed assessments and baselines will also be analyzed in a facilitated fashion and comprise the primary basis for detailed action plans. SIO support will be provided on-site to LGUs as needed for detailed planning.

In preparation for their facilitative role, SIOs will be oriented to the key technical issues and project approaches. It is paramount that those providing ground support to the LGUs understand the rationale of

key approaches and priorities that the LEAD team will emphasize.

In preparing the tools to be used, the team will draw upon the experience of its partners both locally and internationally to compile an efficient yet comprehensive situation analysis tool. A balance will be struck between exhaustive information and key indicators that represent either system functioning or health services baselines.

Technical support in health service areas

In implementing the project, the LEAD for Health team will work in close collaboration with key partners and stakeholders. A strategic partner in this undertaking is the Department of Health. The DOH will be involved in the review and formulation of appropriate policies, in the design and installation of local management systems and in the strengthening of local capacity to deliver FP, TB, HIV/AIDS and MCH services. Of particular interest to the project is the harmonization of the project and the DOH' provision of financial, logistical and technical assistance to the LGUs. The project will work with the DOH to ensure that existing resources will be utilized optimally, efficiently and effectively.

Towards this end the project will meet with DOH central office and CHD staff to discuss such issues as the selection of LGU project sites, the strategies and approaches to be adopted and the tools and instruments needed to improve services at the local level. The CHD, given its available technical resources, will be considered as a major partner in the provision of technical assistance to the LGUs. The project will tap the services of LGU-based DOH technical representatives in facilitating technical assistance activities and in tracking the progress of program implementation.

Additional resources for support will be developed where there are gaps. For example, the LEAD for Health Project will map skills for family planning services training and support, which will include the CHDs, professional societies, NGOs, and institutions. Where a geographic area has insufficient access to technical support on an issue, the project will provide support to develop technical resources. Wherein a technical resource needs some strengthening or updating, the project will either provide updates or connect the local resource with another group with the necessary expertise. For example, a regional CHD might receive an update in providing technical support for TB smear analysis from a national level resource. This approach will provide both the geographic reach needed for the LGU targets to be met, and will develop sustainable relationships between the LGUs and resources that will continue to be available.

HIV/AIDS services support will follow a similar model except that the resources will focus mostly on the NGOs that are most involved in this area**.** Technical resources will also be strengthened through developing updated guidelines for procedures and services that will be useful to those providing technical support and to the

Implementation of the HIV/AIDS Program

LGU involvement and commitment in implementing the HIV/AIDS Program will be strengthened and sustained. The HIV/AIDS Sentinel Surveillance (HSS) will be expanded to include all the most-at-risk groups (MARGs), and geographically to include sites contiguous to current HIV/AIDS sentinel sites. A revised Behavioral Surveillance System (BSS) will be utilized and implemented in all sites. Preventive education activities and interventions will be conducted in the 8 sites.

NGOs have the comparative advantage of being able to reach the MARGs and be effective behavior change agents. They will be supported both financially and technically to reach the MARG. Agreements will have to be made with the LGUs at the outset that project support for both surveillance and education

activities will begin to phase out in year 3 and that the LGU is expected to absorb and sustain these activities by subcontracting directly the NGO for the education, and directly supporting the behavior and serosurveillance through the designated public health unit. An IDU and MSM integrated intervention model will be developed and implemented in the sites.

It is logical for the project as well to facilitate the development of a rapid response plan for the country in the event of a sudden surge of HIV seroprevalence. This should take into consideration existing structures and systems put up by the DOH at the national and regional level. While the DOH may have a crisis management plan in place and skilled personnel deployed to investigate and manage and control HIV, it cannot ensure an immediate response to the crisis because of financial and logistic considerations.

II. YEAR-1 TARGETS:

1. Assessment tools, technical assistance instruments & delivery mechanism, and LGU engagement processes developed, tested and refined

2. One hundred ten (110) LGUs engaged in the process of assessing, planning for and implementing expansion of, access to, and utilization of improved FP, TB, HIV/AIDS prevention and selected MCH services, with:

    a. eighty (80) of them engaged in in-depth health situation assessment and implementation planning with needs, capacities and priorities identified through participatory workshops and follow-on assessments (FPHS & LGU Unit responsibility)

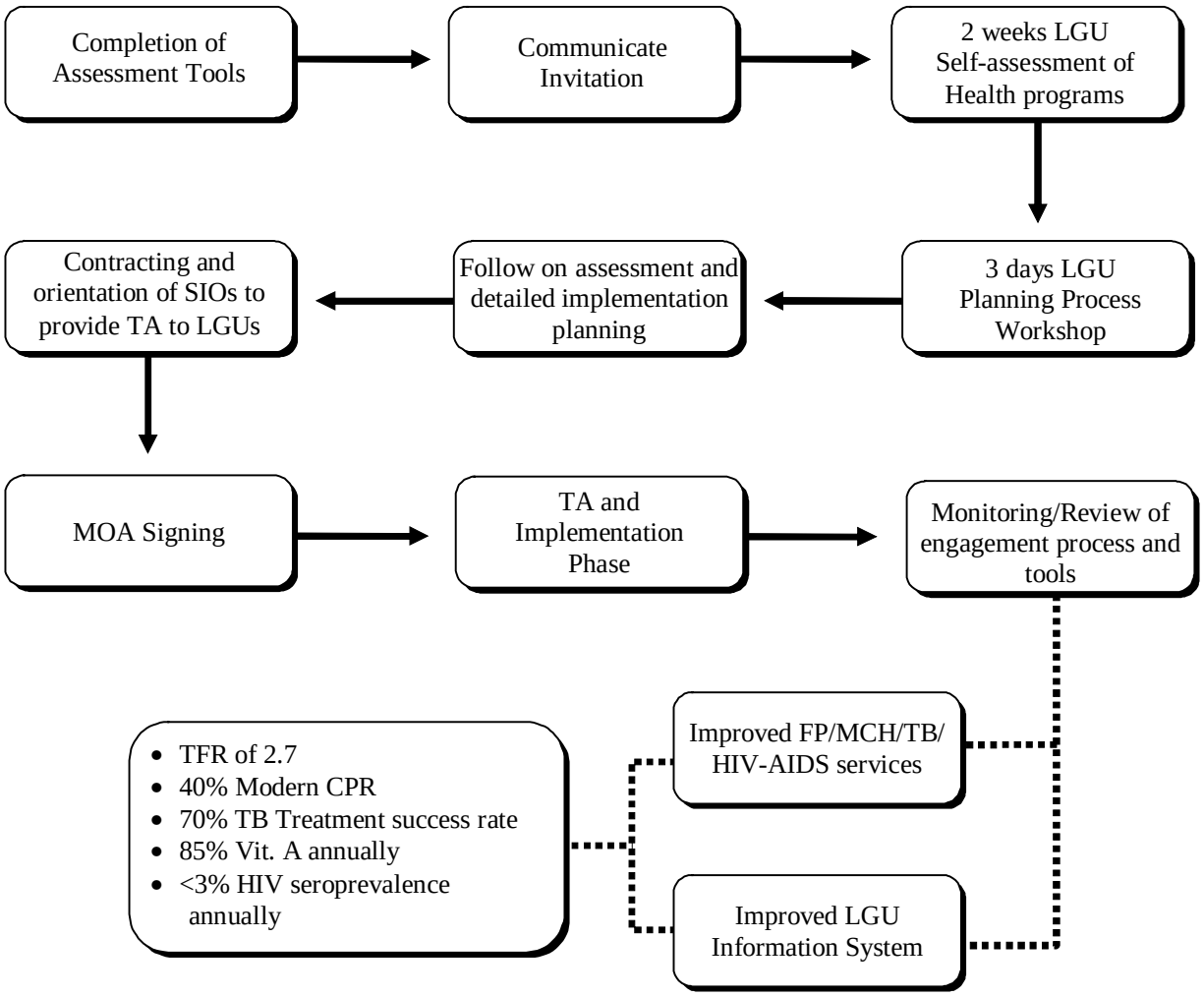
    b. at least twenty (20) of them exhibiting the following characteristics, depending on the need:

        - a functional health information system
        - increased access to quality modern contraceptive supplies and services, including voluntary surgical sterilization and IUD
        - a functional referral system for BTL acceptors
        - reduced rate of drop-outs among pill and DMPA users
        - increased presence of health volunteer network
        - increased collaboration with private sector
        - the RHU has been oriented and has agreed to go through the process of Sentrong Sigla Level 2 certification and accreditation by PHIC as provider of TB-DOTS and out-patient benefit (OPB) packages
        - routine vitamin A supplementation to sick children being practiced
        - all HIV/AIDS sites implementing interventions and improved surveillance and education activities, especially for high risk groups such as Injecting Drug Users (IDUs), Men having Sex with Men (MSM), and freelance commercial sex workers

2. FP, TB-DOTS, HIV/AIDS and MCH Strategies developed

III. UNIT ACTIVITY FLOW

FPHS Unit ACTIVITY FLOW



The work at the LGU level starts with a formal notification of the local chief executives about the project and solicitation of expressions of interest. Letters of invitation will be sent out and those that are interested will be given self-assessment guides. The LGU will use the assessment guides in assessing local capacity to deliver FP, MCH, TB and HIV/AIDS programs and services. The results of the assessment will be used by the LGU officials to identify issues, gaps and opportunities that will lead to the formulation of strategies and interventions for program improvement. This will then be formalized into a contract or memorandum of agreement between the project and the LGUs.

In order to facilitate the scaling up of the work with LGUs the project will engage the services of SIOs. These local partners will provide technical assistance to the LGUs based on local needs and capacities.

IV. UNIT DESCRIPTION, COMPOSITION AND FUNCTIONS

The FPHS Unit is composed of the following:

1. **Director of Family Planning and Health Systems Unit**: The Director provides primary support to the functions of the COP in supervising all the activities and services of the Family Planning and Health Systems Unit provided through this contract. The Director provides leadership in all the health and family planning technical areas of the project. He supervises the staff in these areas, as well as subcontractors working in this area.

2. **Family Planning Advisor:** Responsible for developing strategies to improve the capacity of the LGUs in the provision of FP services, assist in the development of policies that are responsive to local level FP needs and ensure policy gaps are addressed and presented at the national level. She will take the lead role in ensuring FP activities, including voluntary surgical sterilization and post abortion care, are effectively implemented at the local level and conforms to national FP policies and guidelines.

3. **HIV/AIDS Specialist:** Responsible for providing technical guidance in the development and implementation of national and local strategies to control transmission of HIV/AIDS among high-risk population groups. She will be responsible that control strategies are implemented in the 10 high risk zones as identified by the national HIV/AIDS task force.

4. **TB-DOTS Specialist:** Responsible in providing technical guidance in the development and implementation of strategies that will strengthen the delivery of TB services particularly the improvements on case detection, case holding/management and increasing cure rates. S/he will be in charge of making sure those TB-DOTS strategies are observed and used as the main mode of treatment. He/She will take the lead in developing and implementing the TB-DOTS strategy.

5. **MIS Specialist:** Responsible for the assessment of the health information needs of the LGUs. Assess the utility and effectiveness of existing systems, and determine what redundancies and unnecessary efforts to reduce. He will adapt, develop and implement an improved health management information system that is responsive to the information needs at the LGU level. He will be responsible for the assessment and improvements to systems of program management, quality assurance, procurement, with particular focus on FP/MCH/TB/HIV/AIDS services, in collaboration with the Sentrong Sigla.

6. **MCH Specialist:** The MCH Specialist will be responsible for providing technical guidance to LGUs and private sector/NGO partners regarding maternal and child health interventions. He/she will be responsible for assistance in developing and implementing national and local strategies aimed at improving maternal and child health, including the reduction of maternal and child mortality. He/She will take the lead in developing and implementing the MCH strategy.

7. **Behavior Change Specialist:** Responsible for providing overall expertise in behavior change communication (BCC), with a focus on providers, working with LGUs and NGOs to identify and address provider-caused barriers to service provision. Duties include identifying and addressing supports for and barriers to good service delivery by developing research-based tools adaptable to each LGU's needs; contributing to achievement of measurable increases in client satisfaction and increased client load; serving as primary liaison to projects and organizations working in behavior change.

V. WORKPLAN PREPARATION PROCESS

In developing the work-plan, the FPHSU was guided by the MSH project proposal and by inputs from key and strategic partners consulted by the unit. Consultations and meetings were conducted with the following partners and collaborating agencies:

1. Academy for Education and Development
2. DOH FP Service
3. DOH TB Service
4. Enhance and Rapid Improvement in Community Health
5. Friendly Care Foundation Inc.
6. Helen Keller International
7. Infectious Disease Surveillance and Control Project
8. JHPIEGO
9. Manoff Group, Inc.
10. Micronutrient Operational Strategies and
11. National Epidemiology Center
12. Philippine Coalition against TB
13. Philippine Health Insurance Corporation
14. Philippine Tuberculosis Initiative for the Private Sector
15. Technical Assistance Inc of Bangladesh

Programmatic Issues, Gaps, and Opportunities discussed during the work plan preparation process:

The meeting with the partners also provided an opportunity to explore options for collaboration. Based on the available information and the results of the discussion with key partners, below is a brief summary:

Family Planning

At the LGU level, access to sterilization services and long-term methods is very poor. The access issue is a major contributory factor to the high level of unmet need for these services. A related issue is the fact that the PHIC package for sterilization services remains underutilized. The requirements are such that even vasectomy and IUD insertion services have to be done in a hospital setting. While many LGUs don't have a mechanism in place to deal with the planned phase-out of donated contraceptives, there is a possibility that LGUs that are accredited by PHIC for outpatient services can use the capitation fees to buy contraceptives. At the service delivery point, there are many missed opportunities in the provision of

family planning services. Women who come for ante-natal and post-natal visits are not routinely counseled on family planning. There are no systems in place to facilitate access to private sector family planning services and commodities at the LGU level. Service providers are reluctant or unable to provide good counseling and the full array of possible contraceptive methods to clients.

TB program

While the TB program has registered high treatment success rates, case detection rates remain at low levels across the country. There are also a number of areas in the country where treatment success rates need improvement. PHIC has designed a TB-DOTS package for private sector and public sector providers. More work needs to be done to develop the accreditation mechanisms for these packages There are ongoing initiatives to engage the private sector in using the TB-DOTS protocol in treating TB patients.

HIV/AIDS Program

The HIV/AIDS Program in the 8 priority sites needs to have more LGU involvement and commitment. There is also a need to strengthen the behavioral surveillance component and expand the scope of the educational activities and interventions among the most-at-risk groups. There is very little information about two groups at high risk of contracting HIV/AIDS. These groups are the men who have sex with men and injecting drug users.

Vitamin A Supplementation Program

While the level of vitamin A supplementation coverage during the semi-annual campaigns has been at consistently high levels from a national perspective, the administration of routine Vitamin A supplementation has remained inadequate. The problem is mainly due to the inadequacy of Vitamin A supplies for the routine supplementation activities. There are ongoing efforts at the national level to fortify commonly consumed food items with Vitamin A and other micronutrients. These products will be promoted through a seal and branding mechanism.

Health Information Systems

There are current efforts to improve the Field Health Service Information System (FHSIS) and make it more useful at the local level. One such initiative has been piloted in the Cordillera Administrative Region and will be evaluated in the first quarter of next year. The Matching Grants Program (MGP) has extensively used and promoted community-based information systems but that experience needs to be reviewed and consolidated. The MGP and IDSCP project also worked in response to requests by some LGUs to establish infectious disease surveillance systems. HKI has successfully promoted the use of cluster surveys at the provincial level to measure Vitamin A coverage. The MEDs Project has assessed the available health information system in the country. Its findings and recommendations would be a useful reference in making MIS more locally responsive.

Logistics Management System

The MGP and HSRTAP Projects collaborated to successfully introduce pooled procurement in Pangasinan province. The system was able to reduce drug prices by 50%. The GTZ Project introduced social franchising of local pharmacies. These pharmacies are now operating in eight provinces. The DOH has utilized the services of a private distributor in the distribution of essential commodities to the LGUs.

VI. SHORT-TERM TECHNICAL ASSISTANCE

The FPHS unit will solicit support from several technical consultants in the development of assessment tools and initial implementation of the unit's work plan.

Consultant	Organization	Specialty Area	Duration	Tentative Start Dates
1. Steve Sapirie	MSH Boston	HIS	3 weeks	3rd week Mar 2004
			2 weeks	3rd week July 2004
2. Scott McKeown	MSH Boston	HIS	2 weeks	3rd week Mar 2004
3. Robert Staley	MSH Boston	Logistics	4 weeks	1st week Feb 2004
			2 weeks	2nd week Mar 2004
			2 weeks	3rd week July 2004
4. John Wong	Freelance	Logistics	4 weeks	2nd week Mar 2004
5. Douglas Huber	MSH Boston	FP	3 weeks	2nd week Feb 2004
6. Ricky Lu	JHPIEGO	FP	2 weeks	1st week Feb 2004
7. Ronald Magarick	JHPIEGO	FP	2 weeks	1st week Aug 2004
8. Christine Whalen	MSH Boston	TB	3 weeks	1st week Mar 2004
9. Laurie Krieger	Manoff Group	BCC	2 weeks	4th week Jan 2004
			2 weeks	1st week Aug 2004

VII. Family Planning and Health Systems Unit
First Year Work Plan

GOAL 1: Engagement of LGUs in the LEAD for HEALTH Project

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1: Coordinate with the Department of Health and Provincial Health Offices (PHO)					
• Conduct orientation meeting with all DOH Center for Health Development (CHD) directors	• Orientation meeting with 16 CHD directors conducted	-	April 2004	April 2004	FPHSU Director / FPHSU
• Conduct orientation meeting with the CHD staff and PHO staff	• Orientation meeting with selected CHD and PHO staff	-	Jan 2004	April 2004	FPHSU Director / FPHSU
Strategy 2: Develop criteria for selecting LOP LGUs, and identify SIO partners for LGU facilitation					
• Develop criteria for selecting LGUs • Select target LGUs for the life-of-project (LOP) • Define specific criteria for assessing SIO partners	• Set of criteria for selecting LGUs developed • LOP LGUs selected • Set of criteria and procedure for identifying SIO partners	-	Dec 2003	March 2004	FPHSU/LGU UNIT

GOAL 1: Engagement of LGUs in the LEAD for HEALTH Project

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 3: Prepare tools, instruments and guides for engaging LGUs in the project					
• Develop LGU rapid self assessment tool	• LGU health situation rapid assessment tool	450.00	Dec 2003	Feb 2004	FP Advisor/ FPHSU/LGU UNIT/ MANOFF
• Develop LGU planning guideline	• LGU intervention design and implementation planning guide that would lead to a MOA	1,125.00	Dec 2003	Feb 2004	FPHSU/LGU UNIT
• Develop catalog of interventions and technical assistance	• Catalog of interventions and technical assistance	350.00	Dec 2003	Feb 2004	FPHSU/LGU UNIT
Strategy 4: LGU needs assessment and implementation planning for expansion of access and utilization of improved FP, TB, HIV/AIDS, and MCH services					
• Participate in the follow-on LGU assessment and implementation planning	• Detailed LGU health need assessment and implementation planning submitted to LEAD	75,000.00	Apr 2004	Nov 2004	LGU UNIT / FPHSU/ POLICY UNIT/ PPMU UNIT

GOAL 1: Engagement of LGUs in the LEAD for HEALTH Project

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 5: Implementation of LGU plans in expanding access and utilization of improved FP, TB, HIV/AIDS, and MCH services					
• Develop and implement LEAD strategies for: - FP - TB - HIV/AIDS - MCH	• Strategies for FP, TB, HIV/AIDS and MCH o Developed o Initially Implemented		 Jan 2004 Jun 2004	 May 2004 Dec 2004	FPHSU
• Orient SIOs on the tools, instruments, guides used for LGU engagement and the results of the LGU needs assessment	• SIOs oriented and prepared to provide TA to LGUs		May 2004	May 2004	FPHSU/LGU PBC/PPMU
• Work with the LGU Unit in provision of TA, monitoring and evaluation to LGUs in plan implementation	• Technical assistance, monitoring and evaluation provided		May 2004	Dec 2004	LGU/ SIOs/ FPHSU/ POLICY UNIT/ PPM UNIT

GOAL 2:Strengthening of LGU Health Management and Information System

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1: Improve existing LGU health information systems					
• Review assessment results related to data use problems	• List of common data problems related to selected services	850.00	Dec 2003	Apr 2004	MIS Specialist
• Develop models of LGU health monitoring frameworks • Review, modify and assess CBMIS, FHSIS and other program monitoring tools to include the findings and recommendations of the MEDS Project	• Specifications, guidelines and alternative models for LGU level health and performance monitoring mechanisms (*health watch function)*		Dec 2003	Jun 2004	MIS Specialist
• Develop a list of system interventions for solving data problems	• Catalog of successful information system interventions for solving common data problems		Dec 2003	Jun 2004	MIS Specialist
• Provide technical oversight to SIOs implementation of solution design, monitoring and assessment of results	• A functional health information system in every LGU engaged in the project		Jun 2004	Dec 2004	MIS Specialist/ FPHSU / LGU UNIT
Strategy 2: Improve LGU logistics management system					
• Develop logistics management assessment tools	• Tool for assessment of logistics management systems	450.00	Dec 2003	Mar 2004	FPHSU/ LGU

GOAL 2:Strengthening of LGU Health Management and Information System

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
• Develop a menu of interventions to improve logistics management	• Menu of interventions to improve logistics management		Dec 2003	Jun 2004	FPHSU/ LGU
• Provide technical oversight to SIOs in implementation of solution design, monitoring and assessment of results	• A functional logistics management system in every LGU engaged in the project		Jun 2004	Dec 2004	FPHSU/ LGU

GOAL 3:Strengthening of LGU Family Planning Services

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1: Expand available FP method mix and improve quality of care					
• Review and improve training modules on VSS and IUD trainers and service providers	• Improved training modules on NSV, Mini-lap, IUD insertion, itinerant NSV services	98,864.00	Jan 2004	Mar 2004	FPHSU/ JHPIEGO
• Provide technical oversight to SIOs in supporting training in areas with insufficient coverage	• A geographically-based roster of active VSS trainers and service providers available to LGUs		Jun 2004	Dec 2004	FPHSU/ JHPIEGO/LGU UNIT
• Develop a guide on setting up IUD services	• A guide on setting up IUD services		Jan 2004	Feb 2004	FPHSU/ MANOFF

GOAL 3:Strengthening of LGU Family Planning Services

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
	• A register of active IUD clinics and IUD itinerant services at the LGU		Jun 2004	Dec 2004	FPHSU/ MANOFF
• Support LGUs to identify gaps in FP service	• Performance improvement guide		Jan 2004	Jun 2004	FPHSU/ MANOFF
• Conduct literature review and regional studies to identify community/client perspectives and behavior on and experiences with quality of care	• Region-specific community/client definitions of quality care		Mar 2004	Jun 2004	FPHSU/ MANOFF
• Develop region-specific tools for LGUs to assess client behavior and perspectives on quality of care	• Locally specific tools to assess quality from the client's perspective		Mar 2004	Jun 2004	FPHSU/ MANOFF
• Develop tool for LGUs to identify provider satisfaction barriers to delivering quality care	• Provider perspective tool to assess barriers to quality care		Jan 2004	Jun 2004	FPHSU/ MANOFF
• Develop consolidated FP training and update materials	• Updated FP training guides for types of service providers and settings		Jan 2004	Jun 2004	FPHSU/ JHPIEGO

GOAL 3:Strengthening of LGU Family Planning Services

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
• Develop infection prevention practice guidelines for each SD mode • Identify specific provider behaviors to change to improve infection control, barriers and motivators to change	• Infection prevention guidelines appropriate for each mode of service delivery (e.g. Hospital, clinic, itinerant VSS, etc) including list of specific provider behaviors needing improvement and observation checklist for LGU provider-supervisors		Jan 2004	Jun 2004	FPHSU/ JHPIEGO/ MANOFF
Strategy 2: Expand delivery of FP services to underserved populations					
• Review and improve modules on FP group counseling techniques	• Training modules on group counseling techniques among health workers at the LGU	63,455.00	Jan 2004	Jun 2004	FPHSU/ JHPIEGO/ MANOFF
• Provide technical oversight to SIOs in conducting FP group counseling techniques	• LGU staff providing group counseling on FP		Jun 2004	Dec 2004	LGU/ SIOs /FPHSU
• Develop guidance for addressing missed opportunities for FP services (e.g. post-partum FP counseling, post abortion care, ANC)	• A guideline for addressing missed opportunities for FP at the LGU facilities		Jan 2004	Jun 2004	FPHSU/ JHPIEGO/ MANOFF
• Review and improve BHW training modules on FP client identification	• Training modules for BHWs (including IP BHWs) on FP client identification		Jan 2004	Jun 2004	FPHSU/ JHPIEGO
• Provide technical oversight to SIOs in conducting BHW trainings on FP client identification	• BHWs trained and referring clients for FP		Jun 2004	Dec 2004	FPHSU/ LGU

GOAL 3:Strengthening of LGU Family Planning Services

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
client identification					
• Develop tools and approaches for working with isolated tribal groups	• Tools and training guidelines for volunteers working with tribal groups		Feb 2004	Jun 2004	FPHSU/ JHPIEGO/ MANOFF
Strategy 3: Improve access to FP supplies • Adapt CMS/AED guides for training pharmacy staff in FP counseling and dispensing	• Pharmacy staff FP provider guide	-	Feb 2004	Apr 2004	FPHSU
Strategy 4: Increase capacity of LGUs to manage FP services including monitoring coverage and ensuring sustainability					
• Develop feasible process for intermittent estimates of CPR	• Tool for monitoring unmet need in CPR	4,209.00	Dec 2003	Mar 2004	FPHSU
• Review and assess existing LGU procurement procedures and FP supplies management guidelines	• Improved models of LGU procurement and FP supplies management guidelines		Dec 2003	Mar 2004	FPHSU/LGU UNIT
• Work with the LGU unit in assisting LGUs in meeting SS certification level 1 and 2 and obtaining PHIC accreditation	• Guidelines for achieving FP service certification and accreditation • A list of LGU health facilities meeting SS certification and PHIC accreditation		Dec 2003 Jun 2004	Mar 2004 Dec 2004	FPHSU/LGU UNIT/ POLICY UNIT

GOAL 3:Strengthening of LGU Family Planning Services

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
• Identify barriers and supports to cross-referral between public and private health clinics for FP, TB, and HIV/AIDS services	• Description of barriers and supports to cross-referral systems between public and private health clinics		Mar 2004	Jun 2004	FPHSU/LGU UNIT/ POLICY UNIT
• Review, assess and develop an improved cross-referral protocol between public and private health clinics for FP services	• A protocol for cross-referrals of FP clients between public and private health clinics		Dec 2003	Jun 2004	FPHSU/ MANOFF

GOAL 4:Strengthening of LGU Anti-Tuberculosis Program Services

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1: Enhance LGU capacity to deliver TB DOTS and achieve national targets					
• Review, modify and test tools for assessing community mobilization, identification of TB symptomatics, and provider readiness to handle more TB cases	• Tool for assessing community mobilization and ability to identify and manage more TB symptomatics and cases	150.00	Dec 2003	Jun 2004	FPHSU
• Provide technical oversight to SIOs in the introduction and implementation of tool for assessing, identifying and managing TB symptomatic and cases	• LGUs with enhanced capacity to identify and manage more TB symptomatic and cases		May 2004	Dec 2004	FPHSU/LGU UNIT
Strategy 2: Enhance LGU capacity to qualify for PhilHealth funding for TB					
• Develop a process for increasing certification and accreditation at LGUs	• Register of LGU facilities accredited by PHIC for TB DOTS package	-	Dec 2003	Dec 2004	FPHSU/LGU UNIT
Strategy 3: Improved involvement of the private sector in achieving national targets					
• Review current experience with regard to the establishment of local TB task forces and diagnostic committees	• Guidelines on establishing LGU TB diagnosis committees and Task Forces	150.00	Dec 2003	Mar 2004	FPHSU

GOAL 5:Strengthening of LGU MCH Services

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1: Improve quality and coverage of selected MCH services including the supplementation of micro-nutrients					
• Review and modify existing tools to manage the supply of vitamin A capsules	• Guide for procurement and management of supplies of Vitamin A capsule	150.00	Dec 2003	Jun 2004	FPHSU
• Develop a guide on food fortification that will help LGU service providers in nutrition counseling	• List of fortified products and guide for their promotion and implementation		Dec 2003	Jun 2004	FPHSU
• Review the experiences of other projects in IMCI	• Recommendations for LEAD for Health involvement in enhancement of services for managing sick children		Dec 2003	Mar 2004	FPHSU
• Provide technical oversight to SIOs in the implementation and monitoring of intervention models	• Routine Vitamin A provision and promotion of fortified food products		May 2004	Dec 2004	FPHSU /LGU

GOAL 6:Strengthening of HIV/AIDS Prevention and Control Program in HIV/AIDS sentinel areas

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1: Improved HIV/AIDS Surveillance focused on the most at-risk groups					
• Expand HSS of high-risk groups (FCSW, MSM, IDU) in current and contiguous sites	• Guide for incorporating the expanded HSS in the citywide HIV/AIDS prevention activities	109.00	Jan 2004	Dec 2004	HIV/AIDS SPECIALIST
• Introduce revised BSS in the eight HIV/AIDS sentinel sites in collaboration with FHI	• Revised BSS instrument • Guide for incorporating the revised BSS in the citywide HIV/AIDS prevention activities	109.00	Jan 2004 Jan 2004	Dec 2004 Dec 2004	HIV/AIDS SPECIALIST
• Develop, test and introduce an integrated intervention model for MSM in collaboration with FHI	• Integrated intervention model for MSM	5,455.00	Jan 2004	Dec 2004	HIV/AIDS SPECIALIST
• Develop, test and introduce an integrated intervention model for IDU in collaboration with FHI	• Integrated intervention model for IDU	5,455.00	Jan 2004	Dec 2004	HIV/AIDS SPECIALIST

GOAL 6:Strengthening of HIV/AIDS Prevention and Control Program in HIV/AIDS sentinel areas

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 2: Improved local NGO capacity to identify and reduce threat of HIV/AIDS among the most at risk groups					
• Develop intervention to improve coverage of education and surveillance activities in current sites	• Expanded target group and geographic coverage for education and surveillance activities		Jan 2004	Dec 2004	HIV/AIDS SPECIALIST
• Provide technical guidance to the TA NGO in the design, implementation and assessment of the training for local NGOs	• Protocol/guide for implementing STD/HIV/AIDS prevention activities				HIV/AIDS SPECIALIST
• Provide technical guidance to local NGOs in the design, implementation and assessment of the community outreach and prevention education to most at risk groups		181,818.00	Jan 2004	Dec 2004	HIV/AIDS SPECIALIST
• Provide support to NGO operations and implementation		554,545.00			HIV/AIDS SPECIALIST

GOAL 6:Strengthening of HIV/AIDS Prevention and Control Program in HIV/AIDS sentinel areas					
Strategy/Activities	**Deliverable**	**Budget**	**Start Date**	**Completion Date**	**Unit Responsible**
Strategy 3: Improved capacity of the national DOH to respond to HIV/AIDS crisis management plan of the DOH					
• Review and improve existing HIV/AIDS rapid response plan	• Improved HIV/AIDS rapid response plan	20,000.00	Nov 2004	Dec 2004	HIV/AIDS SPECIALIST
Strategy 4: Improved capacity to assess, plan and implement LEAD for Health					
• Require quarterly report and feedback from local NGOs and LGUs	• Quarterly reports from local NGOs/LGUs		Apr 2004	Dec 2004	HIV/AIDS SPECIALIST
• Participate in quarterly/annual project reviews and monitoring to get feedback, redesign and implement project plans	• Quarterly/Annual progress reports		Oct 2004	Dec 2004	HIV/AIDS SPECIALIST
TOTAL BUDGET IN DOLLARS		**$1,022,010.00**			

Policy Unit

First Year Work Plan

(October 31, 2003 – December 31, 2004)

March 31, 2004

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-C-00-03-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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LIST OF ACRONYMS

ARMM	Autonomous Region in Muslim Mindanao
CEPR	Center for Economic Policy and Research
CMS	Commercial marketing strategy
CPR	contraceptive prevalence rate
CSR	contraceptive self-reliance
FP	family planning
FPHSU	Family Planning and Health Systems Unit
FS	Finance Specialist
GRP	Government of the Republic of the Philippines
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HSPH	Harvard School of Public Health
IMS	Intercontinental Medical Statistics
IR	intermediate results
IRA	internal revenue allotment
LEAD	Local Enhancement and Development for Health
LGU	Local Government Unit
MCH	maternal and child health
MOA	Memorandum of Agreement
MSH	Management Sciences for Health
NGO	nongovernmental organization
NHIP	National Health Insurance Program
NTRC	National Tax Resources Center
PBC	performance-based contracts
PHIC	Philippine Health Insurance Corporation
PR	public relations
PSC	personal service contract
PU	Policy Unit
RFP	request for proposal
STTA	short-term technical assistance
TA	technical assistance
TAI	Technical Assistance, Inc.
TB	tuberculosis
TB-DOTS	tuberculosis-directly observed therapy short-course
TFGI	The Futures Group International
TFR	total fertility rate
TWG	Technical Working Group
USAID	United States Agency for International Development

The Policy Unit First Year Work Plan

I. UNIT END OF PROJECT GOALS/TARGETS AND STRATEGIES

As envisioned in the project document, the main responsibility of the Policy Unit is to deliver the tasks identified in Component 2 of the RFP, namely:

Component 2: Improve National-Level Policies to Facilitate Efficient Delivery of Quality FP and Health Services

Task A: *Improve National and Local Policies for Increased Financing of FP*
Task B: *Develop Policies for Mobilizing Financing Resources for FP and Health Services*
Task C: *Improve Legal and Regulatory Policies for Health Services Delivery*

The end of project objective of the Policy Unit is the promotion of the USAID CSR Initiative. The primary purpose of this initiative is to foster the country's ability to sustain quality and affordable family planning services and commodities, within the context of an increasing population and growing CPR. It aims to help government reduce its burden of providing free services to all, by focusing its resources on the poor, and to stimulate greater participation of the private sector in providing more access and greater choices of family planning services and commodities to clients.

In line with the above tasks, the Policy Unit has identified its end-of-project goals as follows:

Goal 1: Improve National Level Policies to Facilitate Efficient Delivery of Quality FP and Health Services

Goal 2: Develop Policies for Mobilizing Financing Resources for FP and Selected Health Services

Goal 3: Perform a Systematic Market Segmentation to Optimize Delivery of Health Services in the LGUs, Thereby Bringing About Market Transformation[1]

Goal 4: Support Advocacy Activities to Promote Family Planning

To attain these goals, the Policy Unit has defined and formulated strategies in four main areas: policy work, health financing, market segmentation and advocacy support.

1. Policy Work:

The Policy Unit shall formulate and recommend measures to improve legal and regulatory policies to facilitate efficient delivery of quality family planning and health services. The prime focus of this effort shall be the formulation and adoption of a national policy of Contraceptive Self-Reliance (CSR). The Policy Unit shall provide technical support to the DOH TWG to come up with strategies and implementation guidelines as a national policy for CSR. This will include the formulation of the appropriate allocation formula and the distribution/logistics plan. The Policy Unit shall likewise assist the LGU Unit in facilitating the formulation of a localized CSR plan for LGUs that have been engaged by the LEAD for Health Project.

[1] Market transformation will happen when clients who can afford are already buying their requirements for health and FP commodities and services from the actively engaged private sector.

2. Health Financing:

The Policy Unit will develop a policy framework for increased financing for family planning and health services in LGUs. This will help LGUs in tapping and mobilizing various forms of financing for the purchase of goods and services needed in delivering quality family planning and health services. Special attention will be given to the needs of the ARMM region because of its unique socio-cultural and religious characteristics. Baseline studies will be undertaken to identify national policies that facilitates or blocks allocation of more funds for local governments' health and family planning programs, e.g. DOH financing, Internal Revenue Allotment, etc. Policy analysis will be conducted to enhance responsiveness of the NHIP and PHIC to improve coverage and benefits in support of family planning, TB, HIV/AIDS and MCH.

To achieve Goal 2: "*Develop policies for mobilizing financing resources for FP and health services",* baseline studies will be undertaken to identify national policies that facilitates or blocks allocation of more funds for local governments' health and family planning programs. One of the studies that will be undertaken is to review the current internal revenue allotment (IRA) allocation formula. As provided in the Local Government Code of 1991, the IRA equivalent to 40% is allocated to provinces, cities and municipalities based on the following formula: 50% population, 25% land area and 25% equal sharing. The dependence of most LGUs on IRA and the percentage share of population received by LGUs are aspects of government policy that need examination. These are issues still untapped by policymakers in terms of population policy decision-making. As may be noted, the IRA gives substantial weight to population in the distribution formula. As the IRA, directly, has significant bearing on the delivery of services, it may be used as a tool in moderating or neutralizing population growth. With the devolution of health services to LGUs, which could also include fertility reduction, the need to review the IRA provision finds more merit. If the distribution formula of the IRA would give less weight to population, LGUs may be encouraged to pursue more actively programs and projects which would limit population growth.

It also to be noted that the study will cover not only IRA but also other possible sources of financing as provided in the Local Government Code. For instance, the study could look into the possibility that a portion of the proceeds of the Special Education Fund (SEF) tax collected from real property owners be given to the local health board. The local health board in every LGU would be more active and become strong advocates for health reforms if a there is a definite source of funds to finance its activities. Another possibility is an explicit statement that health-related programs and projects can be funded from the 20% development fund would a give a big boost to LGU-initiated health reforms.

The NTRC is mandated by Republic Act No. 2211 and Presidential Decree No. 74 to conduct a continuing review of the prevailing tax system in the country to make it more responsive to the needs and realities of growth and development. Among others, this requires the review of the various provisions of the National Internal Revenue Code, the Tariff and Customs Code and the Local Government Code. The different branches of the government, the executive and legislative in particular, and the private sector as well, refer their tax and related proposals to the NTRC for comments and refinements. The NTRC has also conducted a number of studies on the Local Government Code, including the IRA provisions.

Since the NTRC prepared the study, there would be "ownership" by the agency of any proposal or recommendation coming out from the said study. In addition, NTRC is a good advocate for any changes in policy or law that would increase LGU financing for family planning because of its institutional credibility with the legislative and executive agencies including the LGUs. This also consistent with the project's approach to stay below the radar screen with NTRC as the lead advocate. If approved, the project intends to engage NTRC through CEPR.

3. Market Segmentation

It is very probable that the LGUs may not be able to marshal the necessary financing requirements to meet all the family planning requirements of those who used to receive these services and commodities for free. Thus, a market segmentation strategy is necessary to sustain the family planning program of LGUs. In market segmentation, those in most need of these services but cannot afford to pay for them will be assisted by LGUs. Those who can afford to pay will be steered to avail of these services and commodities from the private sector. LEAD for Health will assist LGUs in designing and developing their Family Planning and other Health programs, particularly policies for mobilizing financing resources for these services. On both the national and local levels, the Policy Unit will facilitate the improvement or formulation of policies for increased financing of family planning and health services.

Market development efforts should be initiated to prepare the private sector to provide the services and commodities for those of the population who can afford to pay for these. At end of project, a market transformation should start to take place where LGUs would focus on the poor, while the private sector would provide for the needs for those who can afford to pay. This market transformation will happen only if supported by the appropriate policies and structures both at the national and local levels.

4. Support Promotion Activities for Market Transformation

The principal instrument in this effort of market transformation is to highlight the importance of population and nutrition as drivers of economic development and nation building. But given the enormity of unmet health needs, it is evident that government alone will not be able to respond adequately to serve these unmet needs. It is imperative that the private sector takes up the gap in the government's efforts to meet these unmet needs. The private sector should become aware of this situation not only as a business opportunity but also as a social responsibility.

II. YEAR I TARGETS

Specific targets* for the first year of the project are:

1. One Hundred Ten (110) LGUs engaged in the process of assessing, planning for and implementing expansion of, access to, and utilization of improved FP, TB, HIV prevention and selected MCH services, with:

    a. Local CSR+ Plan developed for implementation in twenty (20) participating LGUs

2. Specific Strategies and Implementation Plans developed:

    - National CSR+ Implementation Strategy/ Plan developed and adopted by DOH
    - Operations Research (OR)/ TA Plan for Pangasinan developed

3. Six (6) Technical Reports/Policy Papers completed:

    a. Inventory, review and analysis of and recommendations on existing policies, laws and

regulations that constraint the provision of family planning services, TB-DOTS, HIV/AIDS;

b. Analysis of current PhilHealth benefits for family planning and for indigents and recommendations on how benefit coverage and provider payment for FP improvement and expansion;

c. Lessons learned from the Pangasinan CSR initiatives documented, a protocol or model that can be adopted in other LGUs and directions of possible assistance to the province and the ten (10) municipalities;

d. Options on how to replace phased-out contraceptives and alternative sources of funds;

e. Review of national policies that can facilitate or block allocation of more funds for local government's health and FP programs;

f. Policy framework for increased financing for FPHS in LGUs; and

4. Policy guidelines for drugs and contraceptives defined and elaborated for implementation in twenty (20) participating LGUs

5. Private sector program on the provision of FP products and services developed and implemented by any of the following:
    a. Pharmaceutical companies, especially those with FP products e.g. DKT, Wyeth, Organon, Pfizer, Schering.
    b. private clinics and hospitals, e.g. Friendly Care Clinics
    c. drug retail outlets, e.g. Mercury and/or regional drugstore chains
    d. health advocacy groups and NGOs

6. Multisectoral health forum conducted – one (1) at the national level and one (1) at the regional level.

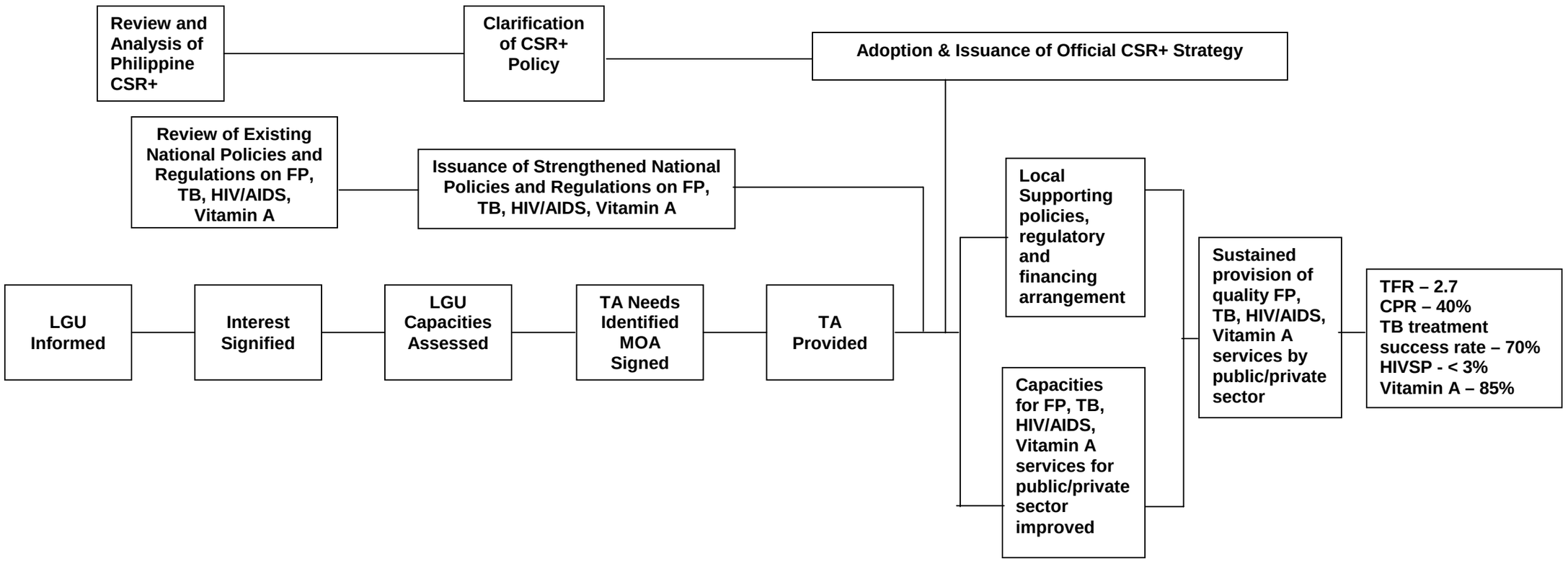
The Policy Unit will focus its work in preparing studies, assembling promotion/communication materials, establishing networks and supporting promotion activities that will lead to the formulation of national and local policies and laws sustaining cost-effective and efficient delivery of family planning and health services. A top priority activity is the provision of technical support to the DOH TWG on CSR Initiative. Project partners like CEPR and Harvard School of Public Health (HSPH) will be tapped to conduct baseline studies and recommend specific measures or actions that will facilitate the provision of

family planning services, TB-DOTS and HIV/AIDS. CEPR will likewise be mobilized to assist the Policy Unit in managing the activities of the DOH TWG on CSR.

Results of the studies and the recommendations will be presented to appropriate government agency or entity. Networking and promotion activities will be in full blast in the second half of the year. The Policy Unit will also start to work with the LGU and FPHS Units in the provision of technical assistance to LGUs.

Moreover, the Policy Unit will contribute its efforts to the preparation of advocacy and assessment tools, templates, and other materials being done by the LGU Unit and FPHS Unit that are needed for the provision of technical assistance to LGUs.

III. UNIT ACTIVITY FLOW



IV. UNIT DESCRIPTION, COMPOSITION AND FUNCTIONS

As envisioned in the project document, the main responsibility of the Policy Unit is to deliver the tasks identified in Component 2 of the RFP. The Policy Unit is composed of the Policy Unit Director, Population Advisor, Market Development Advisor and Finance Specialist.

1. **The Policy Unit Director: The** Unit Director will focus significantly on policy initiatives to strengthen and expand health services and commodities at the LGU level. She will manage the policy component of the project, as described in Component 2 of the RFP. The Unit Director will work closely with the two other Unit Directors for Local Government and for Family Planning and Health Services. The Director provides leadership in policy area of the project. She supervises the staff as well as subcontractors working in the policy area.

2. **The Population Advisor**: Based on the demographic data, the Advisor will develop and assist the national and local governments in the implementation of national and local policies on population management. He will develop strategies to remove legal and regulatory impediments to contraceptive use, and facilitate the development of policies conducive to expansion of FP and other health services such as TB-DOTS, HIV/AIDS and Vit. A supplementation, etc. He will also be responsible for policies that will improve service delivery of family planning services and other health programs. He shall be mainly responsible in the provision of technical support to the DOH TWG for CSR. He will also assist other MSH/LEAD Units in the formulation and implementation of CSR+ plan for LGUs.

3. **The Market Development Advisor**: The Advisor will develop and assist implementation of national and local policies assist LGUs to develop the private sector components of their local market for FP, TB-DOTS, and related health services and related commodities, including service provision and financing. Provide coordination with the work of DKT on introduction of new supply lines for FP commodities, and maintain working relationships with private sector providers' organizations, drug and FP manufacturers and distributors.

4. **The Finance Specialist**: He will assist in the development and implementation of strategies that will increase the financial resources of LGUs to support family planning and health programs. He will also assist in developing systems for resource mobilization

Special Relations

The Policy Unit will work closely with the LGU, FPHS and PMMU Units in the provision of technical assistance to LGUs to achieve the projects goals and objectives. For administrative requirements, the Unit will closely coordinate with the PBC and Finance/Administrative Staff

V. WORK PLAN PREPARATION PROCESS

The preparation of the work plan involved the perusal of the project and other related documents and the gathering of data, information and ideas on how to develop the work plan through interviews and meetings. Aside from USAID OPHN and the LEAD LGU/FPHS Units, the following were consulted:

1) For Policy Issues:
- CEPR
-HSPH
-MSH-Boston and Washington
- PHIC
-DOH/ARMM

2) For Market Segmentation
- CMS
- TFG

3) For Private Sector Mobilization
- Friendly Care
- Glaxo Smith Kline
- Biomedis-Unilab
- Pascual Laboratories
- DKT

4) Communication Work
- Mirror Magazine-Health Forum
- MediMedia
- Ateneo Dept of Communication

5) Pangasinan Project
- Office of the Governor, Pangasinan
- Pangasinan Population Office
- Various Pangasinan Provincial/Municipal Officials

6) Assessment Tools
- IMS

7) CSR
- DOH
- OPHN-USAID
- CEPR

VI. SHORT-TERM TECHNICAL ASSISTANCE

NAME	DURATION	PERIOD	AREA OF CONSULTANCY	CONTRACT MECHANISM
Quasi Romualdez	4-8 weeks	Mar- June 2004	· Health Policies · CSR	PSC
Mario Taguiwalo	4-8 weeks	Mar– June 2004	· Health Policies · CSR	PSC
Robert Staley	2-4 weeks	Jan.-Apr 2004	· Pharmaceutical Management · Drug Procurement & Distribution	MSH
CEPR	3-12 weeks	Jan-Dec. 2004	· Pangasinan CSR · DOH -TWG CSR · Local counterpart for HSPH	Partner Contract
Tom Bossert	2-4 weeks	March-Apr. 2004	· Healthcare Policies at the LGU& national level	HSPH
Peter Berman	1-2 weeks	March 2004	· Market Transformation	HSPH
National Tax Resources Center (NTRC)	4 months	Mar- Sept 2004	· Review internal revenue allotment for LGU	CEPR
Rosario Manasan	2 months	Mar- Sept 2004	· Policy framework for increased local financing for family planning & health.	PSC/CEPR
Mellow and Powlowski	2-3 weeks	May-June 2004	· Regulation review	HSPH
David Bloom	1 week	April/May 2004	· Health & Development Seminar	HSPH

Policy Unit
First Year Workplan

GOAL 1: Improve National Level Policies To Facilitate Efficient Delivery Of Quality Family Planning And Other Health Services

Strategy/Activities	Deliverable	Budget (in US$)	Start Date	Completion Date	Unit Responsible
Strategy 1: Review existing policies, laws and regulations on the provision of family planning, TB-DOTS, HIV/AIDS					
- Conduct inventory and analysis of existing policies, laws, and regulatory constraints affecting the provision of family planning services, TB-DOTS, HIV/AIDS.	Inventory, review and analysis and recommendations on existing policies, laws, and regulatory constraints affecting the provision of family planning services, TB-DOTS, HIV/AIDS completed.	3,000.00	Feb 2004	June 2004	Policy Unit
- Review and analysis of demographic data and results of regular national and health demographic and family planning surveys.	Review and analysis of demographic data and results of regular national and health demographic and family planning surveys conducted.	2,000.00	Feb 2004	June 2004	Policy Unit
Strategy 2: Create a multi-level, multi-sectoral policy environment conducive to achieving contraceptive self-reliance					
- Support DOH efforts towards adoption and implementation of a national policy on contraceptive self-reliance.	Provide technical assistance to DOH Technical Working Group. TA provided in the formulation of policies on CSR and distribution plan including allocation formula; and national govt. policy and assistance to LGUs regarding the phase out of contraceptives	12,818.00	Jan 2004	Dec 2004	Policy Unit

- Conduct study on the Pangasinan CSR initiatives	Lessons learned from the Pangasinan CSR experience	2,000.00	Jan 2004	June 2004	Policy Unit
- Provide technical assistance to Pangasinan in the following areas: client segmentation, user fees for FP, financing public health program, continuation of the CSR, the provision for unmet needs, TB-DOTS, HIV/AIDS and Vitamin A supplementation.	TA/OR Plan for Pangasinan developed Technical assistance CSR+ provided to Pangasinan and identification of lessons learned that could be applied to other LGUs.	41,818.00	Feb 2004	Dec 2004	Policy, LGU and FPHS Units

GOAL 2: Develop Policies For Mobilizing Resources For Family Planning And Other Health Services

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1: Develop National and Local Policies for Mobilizing Financing Resources for Family Planning & other Health Services					
- Analyze current Phil Health benefit package for family planning; current benefit package for indigent members, and make recommendations on how benefit coverage and provider payment for family planning can be expanded.	Analysis of current Phil Health benefits for family planning and existing benefits for indigents; basis for recommendations on expansion of benefit coverage and provider payment for family planning established.	12,764.00	Jan 2004	Dec 2004	Policy Unit
- Establish policy framework for increased financing for health and family planning in LGUs	Policy framework for increased financing for health and family planning in LGUs	15,636.00	Jan 2004	June 2004	Policy Unit and LGU Unit
- Identify policy options at the national level that will lead to increased local government financing for health and family planning	Identification of national policies that can facilitate or block allocation of more funds for local government's health and FP programs, e.g. DOH financing, IRA	23,727.00	March 2004	Nov 2004	Policy Unit

Strategy 2: Develop a special strategy for ARMM given its unique socio-cultural, political and demographic environment. - Assist in the preparation of and implement a special technical assistance plan for ARMM	Special technical assistance plan for ARMM prepared.	19,727.00	Jan 2004	Sept 2004	LGU, FPHS, and Policy Units

GOAL 3: Perform Systematic Segmentation To Optimize Delivery Of Health Services In The LGUs To Facilitate Market Transformation

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1: Segment the market to identify those who will continue receiving health services from the public sector and steer the rest to avail of health services from the private sector.					
- Identify a system and process to define market segments.	A workable mechanism for defining and identifying market segments.	7,727.00	Jan 2004	March 2004	Policy Unit
- Acquire market data and information on the pharmaceutical industry at the LGU level.	Regular reports on pharmaceutical sales at the LGU level	36,364.00	April 2004	Dec 2004	Policy Unit
Strategy 2: Tap and mobilize the private sector to service market segment(s) for which public sector health services may no longer be available					
- Establish partnership with private sector to provide health services and products to those steered out of the public sector's health services, such as: ➢ pharmaceutical companies	a) Private sector program on the provision of FP products and services developed and implemented by any of the following ➢ Pharmaceutical companies, especially those with FP products e.g. DKT, Wyeth,	1,636.00	Jan 2004	Dec 2004	Policy Unit

➢ private clinics and hospitals ➢ drug retail outlets ➢ large corporations with big employee forces ➢ health advocacy groups and NGOs	Organon, Pfizer, Schering. ➢ private clinics and hospitals, e.g. Friendly Care Clinics ➢ drug retail outlets, e.g. Mercury and/or regional drugstore chains ➢ health advocacy groups and NGOs				
- Work on national policies that will allow LGUs to set-up their procurement system for drugs	b) Policy guidelines in establishing procurement system for drugs and contraceptives defined and elaborated for implementation in 20 participating LGUs.	26,364.00	July 2004	Dec 2004	Policy/ LGU/ FPHSU
Strategy 3: Monitor market developments if the desired market transformation is taking place.					
- Conduct regular market surveys to monitor changes in consumer behavior	Reports on regular market surveys on buying behavior of consumers for pharmaceutical products, specially FP products	34,727.00	March 2004	Dec 2004	Policy Unit

GOAL 4: Support Advocacy Activities to Promote Family Planning and other Health Policies

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1 Support advocacy activities to influence health policies and create the atmosphere for the increase of the financing and health services at the local level.					
- Identify and work with potential allies and partners in the advocacy work.	List of individual champions, NGOs, commercial corporate entities and other health advocates at the national and local level willing to participate in promoting FP and other health services.	1,091.00	Jan 2004	Dec 2004	Policy, LGU and FPHS Units

- Establish linkage with the CMS and Social Acceptance Projects of the USAID.	a) Regular meetings with the Policy Group of CMS and SAP. b) Establish regular exchange of information c) Collaborate in the organization of the National Health Forum	364.00	Dec 2003	Dec 2004	Policy Unit
- Organize and manage a National Health Policy Forum	Organize Multi-sectoral Health Forum at the national level	30,909.00	July 2004	Oct 2004	Policy and FPHS Units
- Organize and manage regional health forums to echo the National Health Forum at the local level.	One (1) Regional Forum and Local Health Forums organized at local level as the LGU Unit deems appropriate	20,545.00	Oct 2004	Dec 2004	Policy, LGU and FPHS Units
- Establish media links as outlet of information for the results of the advocacy work.	Managed media coverage of advocacy events by a PR outfit.	18,182.00	Feb 2004	Dec 2004	Policy Unit
STTAs	Deliverables mentioned in the above activities	400,000.00	Feb 2004	Dec 2004	Policy Unit
GRAND TOTAL		**747,354.00**			

Project Performance Monitoring Unit

First Year Work Plan

(October 31, 2003 – December 31, 2004)

March 31, 2004

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LIST OF ACRONYMS

ARMM	Autonomous Region in Muslim Mindanao
CBMIS	Community-based Monitoring and Information System
CPR	contraceptive prevalence rate
CSR	contraceptive self-reliance
CTO	Cognizant Technical Officer
DCOP	Deputy Chief of Party

The Project Performance Monitoring Unit First Year Work Plan

I. UNIT GOALS AND STRATEGIES

Effective monitoring and evaluation (M&E) system is recognized by the LEAD for Health Project as a crucial ingredient and an indispensable tool for effective project management. A functional M&E system should be able to ensure continuous assessment and evaluation of project implementation in relation to agreed deliverables, timelines and resources. It should provide the LEAD Project with feedback mechanisms and help the implementing teams identify potential successes and obstacles, as well as opportunities and threats, even at the early stage of project implementation. This would allow for timely adjustments to project operations. M&E System should include periodic assessment of project relevance (and validity of assumptions), performance, efficiency and impact (both expected and unexpected) vis a vis projects goals and objectives.

To effectively support project implementation, the following goals and strategies for Year-1 were set by the Project Performance Monitoring Unit (PPMU):

GOAL 1: Help ensure that project activities lead towards achieving end-of-project (EOP) deliverables

Strategies:

1. Coordinate over-all project planning
2. Monitor and evaluate project progress/performance

GOAL 2: Provide all implementing units necessary information and data support to be used for planning, monitoring and evaluation

Strategies:

1. Establish and maintain a reliable and effective resource center
2. Develop, establish and maintain functional IT systems and capabilities

GOAL 3: Effectively communicate and disseminate information on project activities internally and externally

Strategies:

1. Utilize existing channels to share project performance and successes
2. Establish communication links with all forms of media, partners and collaborators

As a support unit, PPMU goals were set to ensure effective implementation, monitoring and evaluation of activities of each of the implementing units of the LEAD Project, thus, indirectly contributing to the overall project goals of:

A. increasing the national contraceptive prevalence from 35.1 (2002) to 40% over a three year period;
B. increasing TB treatment success rate;
C. maintaining low HIV/AIDS seroprevalence rate among high-risk groups
D. increasing private sector provision of family planning services

To ensure that project activities, approaches and systems lead towards the achievement of the end-of-project (EOP) deliverables, the PPMU Team will coordinate the development of the over-all work plan for the LEAD Project and ensure that the annual plans are developed in accordance with the set goals (supporting the achievement of the 14 indicators); and organize quarterly and annual project benchmark setting and implementation reviews to monitor and assess performance vis a vis targets. To adopt a participatory approach, the project will involve the Project Advisory group (PAG), Technical Advisory Group (TAG), USAID, cooperating agencies, customers and other stakeholders in evaluating project performance. The PPMU Team will also edit, and often write, key documents that are project deliverables and maintain close contact with client organizations to assure timely completion of assignments.

PPMU will be responsible in developing a comprehensive Performance Monitoring and Evaluation Plan (PMEP), with assistance from the Harvard School of Public Health (HSPH). PPMU will take the lead in implementing this plan. PMEP will serve as the project guide for all monitoring and evaluation activities that will be undertaken by the LEAD Project. It will lay out effective mechanisms and strategies for planning activities, managing project operations, data collection, documenting successes and lessons learned and evaluating project performance. Planning how these performance information will be reported, reviewed and used is critical to the operation of a credible and useful performance-based management approach. PMEP is expected to be completed by the end of March 2004

A very important component of the PMEP is the LEAD Performance Indicator Monitor (e-based and paper-based). This system will be developed to track the progress and status of SO-level and IR-level indicators, which will be updated quarterly and will be made accessible to all project staff and to MSH Boston.

Under the PMEP, a Client Service Plan will also be formulated**.** The plan will involve collection of information to assess the degree of technical assistance/service utilization and client satisfaction from the services resulting from the project efforts. This will be conducted annually.

The unit will likewise facilitate coordination meetings and serve as a secretariat for the Project Advisory Group (PAG) and Technical Advisory Group (TAG). The PAG provides advice and guidance on project strategy, approaches, and helps assess implementation progress periodically. It is composed of senior representatives from the Leagues of Cities and Municipalities, the Department of Health, PhilHealth, PopCom, USAID, private sector providers, and the academe. The TAG, on the other hand, consists of program managers from the DOH and PhilHealth who serve as LEAD's main technical counterparts in implementing the project. The PAG and the TAG are the main audience of the performance reviews that the LEAD Project holds quarterly.

The acknowledged need to ensure effective project performance calls for close attention to the provision of credible management information to support the implementation of the different components, to feed back on indicator performance and to support planning and decision-making. PPMU will put in place an effective management information system (paper-based and e-based) to efficiently respond to the team's data needs and requirements. Part of this will be the establishment and maintenance of an information resource center that would serve as a dynamic source of program-related information (internally and externally). This may likewise involve the gathering (or processing if necessary) of quantitative and qualitative data from a variety of sources and specially commissioned studies. The PPMU Team will develop the Indicator Monitor that will keep track of the most recent status (quarterly) of 14 performance indicators under the LEAD Project, including the performance of the LGU Units enrolled under the project.

The project will undergo two levels of reviewing performance: (a) monitoring of project activities, processes and deliverables vis a vis specific targets committed for particular time periods - done through the quarterly performance reviews; this will likewise include the evaluation of LGU performance vis a vis commitments made in the MOA and performance-based grants/contracts, subject to USAID approval; and (b) an evaluation of progress towards end-of-project (EOP) goals (Total Fertility Rate (2006) – 2.7; Contraceptive Prevalence Rate (modern, 2006) – 40 %; TB Treatment Success Rate (2006) – at least 70 %; HIV seroprevalence among Registered Female Sex Workers - <3 % annually; and Vitamin A supplementation coverage – 85 % annually to be done through an analysis of regular national surveys (DHS, FPSH, etc.) covering this information.

The PPMU Team will likewise develop, establish and maintain an efficient internal IT System to ensure effective information sharing among implementing units. It will develop and maintain the project website which will serve as the primary window for info exchange. Lastly, as part of ensuring efficient information support system, the team will evaluate and assess other new and effective information technologies that will be useful for project implementation and utilize them as necessary.

To document and share project performance, successes and lessons learned in the implementation of the LEAD for Health Project, the PPMU Team will utilize existing communication channels (print, radio, television and internet). Activities will include the development of published project briefers, short documentaries, success stories and other reports. PPMU will likewise establish strong links with all forms of media, partners, collaborators and other organizations involved in similar development undertaking, including key local and international audiences. The team will also develop the project's Communication Plan that will lay out all the program-level communication activities of the LEAD Project. The PPMU Team will be primarily responsible for maintaining the flow of relevant information internally and externally.

II. YEAR-1 TARGETS:

Specific targets* for the first year of the project are:

1. First Year Workplan (October 2003 – December 2004)

2. Specific Strategies and Implementation Plans for the following completed:
    - Performance Monitoring and Evaluation Plan (PMEP) developed and submitted to USAID
    - Communication Plan Framework formulated

3. 4 Quarterly Performance/Benchmark Reviews/ 4 Quarterly Reports

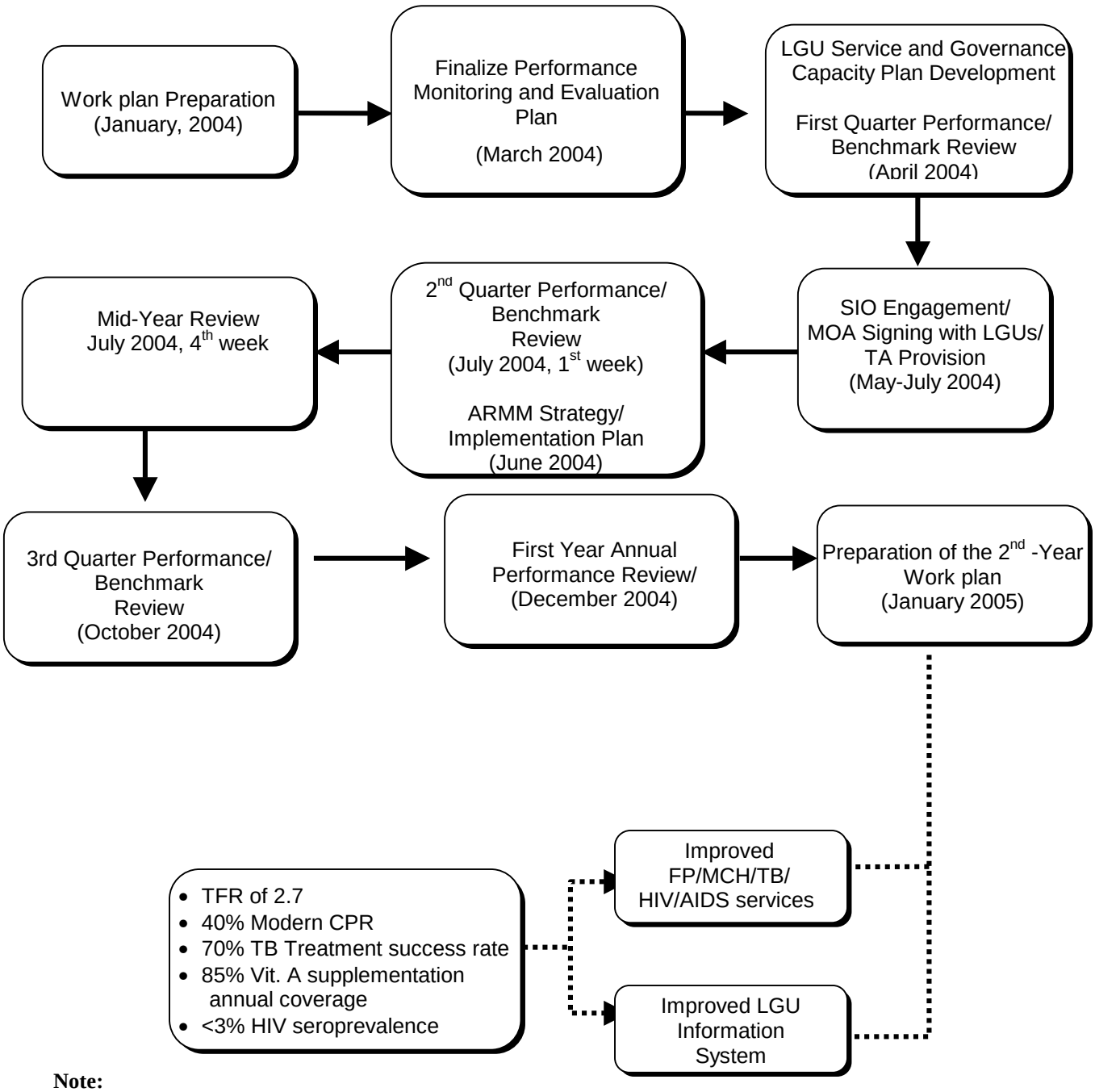
4. Mid-Year (July 2004) and an Annual Performance Review (December 2004)

5. LEAD Project's Resource Information Center established

6. Installation, monitoring and maintenance of the project's local area network (LAN) email systems and internet connection

III. UNIT ACTIVITY FLOW

Diagram 1 - PPMU ACTIVITY FLOW



Note:
Activities of PPMU are consistent and in line with the over-all LGU Engagement Flow. Illustrated in Diagram 1 are the major activities/ events that will be conducted/ coordinated by the Project Performance Monitoring Unit.

IV. UNIT DESCRIPTION, COMPOSITION AND FUNCTIONS

The Project Performance Monitoring Unit (PPMU) Team is composed of the Deputy Chief of Party (DCOP)/Project Technical Coordinator (PTC), Project Performance Measurement Specialist (PPMS), Reporting and Information Dissemination Manager (RIDM), Resource and Documentation Specialist (RDS), IT Specialist, and a Program Assistant. This team will be coordinating closely with the LGU Performance Measurement Specialist, the Performance-Based Contract Manager, Finance and Administration Manager, the Project Advisory Group (PAG) and the Technical Advisory Group (TAG). This unit will interact with the task teams to regularly review progress against the work plan and adherence to the timelines.

The **Deputy Chief of Party (DCOP)/Project Technical Coordinator (PTC)** will lead the PPMU Team and supervise the implementation of all project activities ensuring that performance schedules are observed and outputs are completed and delivered according to schedule. He will provide overall technical oversight for all work and activities necessary to achieve the objectives, outputs and deliverables expected under the contract. Through the COP, the DCOP/TC will receive technical guidance from the USAID CTO and to some extent from the DOH Project Manager for the project. The DCOP will be supervised by the COP and will share the responsibility of day-to-day and long-range activities of the contract. The DCOP will assist the COP in tracking coordinating and reporting information related to project activities conducted.

The **Project Performance Measurement Specialist (PPMS)** will be responsible for ensuring that the project is results-oriented from the outset and throughout, that realistic performance targets are set and are used for measuring performance. In consultation with the DCOP, she will lead and coordinate the establishment and implementation of the project's Performance Monitoring and Evaluation Plan, including the assessment of LGU performance. She will ensure that results monitoring and evaluation become integral parts of every technical assistance and/or training activity undertaken by the project. In collaboration with USAID, LGU partners, DOH, NHIP, and project staff, she will develop strategies and/or instruments for evaluating field activities and oversee implementation of evaluation activities and coordinate the establishment of appropriate control groups against which to measure the performance of LGUs working with the LEAD project. The PPMS will directly report to the Deputy Chief of Party.

The **Reporting and Information Dissemination Manager (RIDM)** will develop and manage the communications strategy for the project. She will work with the DCOP and technical staff to identify key audiences and to determine the best means of sharing program successes, best practices and lessons learned on a regular basis. Targeted audiences will include project partners and supporters (DOH, USAID) as well as the media and key government, academic, and private sector leaders. The RID Manager will also be responsible in establishing communication links with all forms of media, partners and collaborators. She will work with the Resource Documentation Specialist in developing and maintaining a publications dissemination system and will be responsible in reviewing and disseminating project publications, presentations, materials, and technical reports. Lastly, she will regularly review and update the project's communications strategy to ensure that it reflects current needs. The RID Manager will report directly to the DCOP.

The **Resource and Documentation Specialist (RDS)** has the primary responsibility of setting up and maintaining a reliable and effective resource information center (physical and e-based repository) of all relevant information for the LEAD Project. She will support the project in preparing all relevant documentation of project's successes, best practices and lessons learned. She will work with the Reporting and Information Dissemination Manager in developing and

maintaining a publications dissemination system and serve as the primary documentor/ editor of project information that will serve as inputs to the project publications, presentations, materials, and technical reports. She will directly report to the DCOP.

The **IT Specialist** will be responsible for developing, establishing and maintaining the LEAD's information technology (IT) systems and capabilities. He will set up, manage/monitor and upgrade if necessary the project's local area network (LAN), including the management of file servers, workstations, network systems and security. He will ensure the smooth flow of electronic information internally and externally and will set up an efficient internet connection for all project staff. He will likewise support the development and maintenance of an electronic-based Indicator Monitor that would reflect monthly/quarterly updates on indicators.

The **Program Assistant** will be responsible for providing administrative and secretarial support to the PPMU.

V. WORKPLAN PREPARATION PROCESS

The development of the PPMU Workplan was guided by the LEAD's project description and scope of work (Section C of Contract No: 492-C-00-03-00024-00) and significant inputs from key project management staff and from each of the implementing units. Consultations and meetings were conducted to revise/refine work plan to ensure consistency with the LGU engagement process and with the activities of other units.

VI. SHORT-TERM TECHNICAL ASSISTANCE

1. **From which group**? IHSP-Harvard School of Public Health

2. **Period of Engagement**? Two workweeks
(1st week – 2nd week of March, 2004)

3. **Scope of Work**: Support the development of the LEAD Project's Performance Monitoring Plan specifically covering, but not limited to, the following areas of work:

a) Assessment of quality and quantity of LGU routine data (including the development of assessment tools and testing)

b) Development of the baseline data collection plan (population- and facility-based data collection)

c) Development of the indicator manual (defining indicators, level of confidence and margin of errors, sources, frequency of collection and monitoring, validation of assumptions and existing micro and macro environment that would affect indicators, including positive and negative externalities.

d) Development of sub-indicators to support our 14 major indicators - to be able to hopefully capture intermediate

outputs, effectiveness of processes/mechanisms employed and finally, the impact (output indicators, process indicators and impact indicators).

e) Setting up the indicator monitor, including the performance- based monitoring system for LGUs - it would be great to set up not just a paper-based indicator monitor but also an electronic-based version (installed in the LEAD's webpage) that could be updated monthly and immediately accessed by all the project staff including MSH-Boston and USAID)

f) Development of an Evaluation Plan for the assessment of the LEAD Project at end of its project life (End-of-Project Evaluation Plan)

g) Development of a monitoring plan (including strategies and tools) that will measure and track performance and progress of both the project and the target LGUs (consistent with the provisions of the performance-based contracts/ grants)

h) Establishment of the linkage between the assessment tools and the project's monitoring and evaluation plans. Results of the LGU assessments will be used as part of the project's baseline data set.

i) Work with Steve Sapirie in the review and assessment of CBMIS, to evaluate whether CBMIS can be used as the project's main tool for population-based data gathering for the program's monitoring and evaluation process

Project Performance Monitoring Unit
First Year Work Plan (Oct 2003 – Dec. 2004)

GOAL 1: Help ensure that project activities lead towards end-of-project (EOP) deliverables

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
outputs, to include: i. Assessment of the quality and quantity of LGU routine data ii. Baseline Data Collection Plan iii. Indicator Manual (definitions, sources, margins of errors, frequency of collection iv. Sub-indicators (for 14 project indicators) v. Monitoring Plan (including strategies and tools) that will measure and track performance and progress of both the project and the target LGUs vi. End-of-Project Evaluation Plan vii. Review and assessment of CBMIS					
g. Conduct consultation meetings/ workshops on the refinements of the Baseline Data Collection Plan, LGU Performance Monitoring Plan, Indicator Manual, Assessment Results of CBMIS		500	Feb 2004	Mar 2004	PPMU

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
h. Organize the TWG on PMP Development			Feb 2004	Mar 2004	PPMU
4. Participate in the development of the ARMM Strategy and work plan preparation		500	Dec 2003	June 2004	LGU; PPMU
5. Organize/ facilitate the 1st coordination meeting of the Project Advisory Group (PAG) and Technical Advisory Group (TAG)		800	Jan 2004	Jan 2004	PPMU
6. Participate in the development of LGU Performance Monitoring Framework		7,300	April 2004	June 2004	LGU/FPHS; PPMU

GOAL 1: Help ensure that project activities lead towards end-of-project (EOP) deliverables

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 2: Monitor and Evaluate Project Progress/ Performance					
1. Implement Performance Monitoring Plan, specifically:		7,300	Dec 2003	Dec 2004	PPMU
a. Coordinate the conduct of baseline data collection	Baseline data collected				
b. Develop and Update Indicator Monitor (e-based and paper-based) quarterly	Indicator Monitor Updated Quarterly				PPMU/ other units
c. Review EOP Evaluation Plan	Draft EOP Evaluation Plan				
d. Monitor LGU Performance	LGU Performance Monitored				

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
2. Conduct Mid-Year Assessment (review of program tools/processes, approaches, assumptions, lessons learned, best practices)/ Annual Assessment	Mid-Year Assessment Report Improved LGU Engagement Process Annual Assessment Report	1,500 1,500	July 2004 July 2004 Dec 2004	July 2004 Aug 2004 Dec 2004	PPMU/ Other units
3. Conduct Quarterly Performance Reviews (Quarterly Targets vs. Accomplishments / Prepare Quarterly Reports/ Validate next quarter's tasks Benchmarks Setting/ Presentation of 1st Year Work plan to PAG/TAG	1st Quarter (Oct- Dec 2003) Accomplishment Report 2nd Quarter Benchmarks set	1,500	Jan 2004	Jan 2004	PPMU/ Other units
Conduct 2nd Quarter Performance Review	2nd Quarter (Jan-March) Accomplishment Report 3rd Quarter (April-June) Benchmarks	1,500	April 2004	April 2004	PPMU/ Other units
Conduct 3rd Quarter Performance Review	3rd Quarter (April-June) Accomplishment Report 4th Quarter (June-Sep) Benchmarks	1,500	July 2004	July 2004	PPMU/ Other Units
Conduct 4th Quarter Performance Review	4th Quarter (June-Sep) Accomplishment Report 5th Quarter (Oct-Dec) Benchmarks	1,500	Sep 2004	Sep 2004	PPMU/Other units
Conduct 5th Quarter Performance Review	5th Quarter (Oct.-Dec) Accomplishment Report	500	Dec 2004	Dec 2004	PPMU
4. Coordinate the preparation of the 1st-Year Annual Report	First Year Annual Report	2,000	Jan 2005	Jan 2005	PPMU/Other Units
5. Develop Client Service Plan	Client Service Plan developed	3,000	Dec 2004	Dec 2004	PPMU

GOAL 2: Provide all implementing units necessary information and data support to be used for planning, monitoring and evaluation

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1: Establish and maintain a reliable and effective resource center					
1. Establish the LEAD Information Resource Center (in coordination with MIS)	LEAD Information Resource Center established (physically/ e-based)	6,000	Mar2004	Apr 2004	PPMU
2. Participate in the evaluation of the LGU assessment tools	LGU assessment tools reviewed/evaluated	7,300	Feb 2004	Feb 2004	FPHS/ LGU/ PPMU
3. Gather/ Compile baseline data collected from the LGU assessment process	Baseline data compiled for program monitoring	200	Mar 2004	May 2004	PPMU
4. Assess data needs of all implementing units/ Gather relevant information needed	Data needs/requirements assessed	200	Feb 2004	Mar 2004	PPMU/Other units
	Relevant data gathered		April 2004	Dec 2004	PPMU/ Other units
5. Disseminate the updated LEAD Indicator Monitor	Implementing units updated on the status of all program indicators	3,000	Mar 2004	Dec 2004	PPMU
6. Develop briefing documents for the LEAD Project	Project Briefers	2,000	Feb 2004	Dec 2004	PPMU
7. Establish links with organizations that produce the ff info sources: DHS, FIES, Annual FPS/MCHS, SWS Survey and others	Links established with different data sources (mgt and e-links)		Mar 2004	June 2004	PPMU

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
8. Develop a "paper-less" info exchange system to facilitate responsive data provision to each	Systems for e-based info exchange established		June 2004	Sept 2004	PPMU
9. Organize the LEAD Data Response Team	Data Response Team organized	200	Mar 2004	April 2004	PPMU/ Other units

GOAL 2: Provide all implementing units necessary information and data support to be used for planning, monitoring and evaluation

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
<u>Strategy 2: Develop, establish and maintain functional information technology systems and capabilities</u>					
1. Setup and install project Local Area Network • File Servers • Workstations • Network printers • Cabling installations • Network Security • Users orientation	LAN installed and operational -7 Central -8 Visayas -9 Mindanao	 200,000 15,000 15,000	Dec 2003	Mar 2004	PPMU/ Admin
2. Monitor, maintain, upgrade and manage Local Area Network and electronic mail system	LAN and email systems operational 24-hrs a day at optimum performance	15,000	Apr 2004	Dec 2004	PPMU
3. Setup & maintain Internet Connection for staff and field coordinators	Internet connection established, managed and monitored	1,000	Feb 2004	Apr 2004	PPMU
	Dial-up connections for field coordinators and	1,000			

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
• Shared office internet access • Remote Internet connection • DNS Name • DSL connection • Dial-up connection • Wireless connection • Users orientation	home users Wireless connection provided				
4. Support the development of the e-based indicator monitor	E-based indicator monitor established	3,000	Mar 2004	Jun 2004	PPMU
5. Conduct research on new technologies relevant to the project	Relevant technologies recommended and applied to the project	2,000	Jan 2004	Dec 2004	PPMU

GOAL 3: Effectively communicate and disseminate information on project activities

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
<u>Strategy 1: Utilize existing channels to share project performance and successes</u>					
1. Develop and maintain project website to serve as an information sharing window for all project-related data and updates	Project Website established and updated regularly	4,000	Apr 2004	Dec 2004	PPMU/ Other units
2. Document relevant project successes and ensure promotion of information to key local and international audiences and all forms of media	Published materials, presentations, short documentaries, reports on projects successes and models		Aug 2004	Dec 2004	PPMU/ Other units

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
3. Develop and implement the LEAD Project's Communication Plan covering all media (print, radio, TV, internet)	Communication Plan workshops conducted, Project Communication Plan developed and implemented		Feb 2004	Dec 2004	PPMU/ Other units
4. Maintain a flow of relevant information internally	All relevant project information shared internally		Apr 2004	Dec 2004	PPMU
Strategy 2: Establish communication links with all forms of media, partners and collaborators					
1. Maintain a flow of relevant information externally a. Identify key personnel/staff to establish links with all forms of media b. Share project successes and lessons learned	Communication links established with all forms of media	2,000	Apr 2004	Dec 2004	PPMU
TOTAL		**$ 537,800.00**			

LGU Performance-Based Grants and TA Contracting Unit

First Year Work Plan

(October 31, 2003 – December 31, 2004)

March 31, 2004

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-C-00-03-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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LIST OF ACRONYMS

AIDAR	USAID Acquisition Regulation
FAR	Federal Acquisition Regulations
FP	family planning
FPHSU	Family Planning and Health Systems Unit
DOH	Department of Health
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
ICQ	Indefinite Quantity Contract
LEAD	Local Enhancement and Development for Health
LGU	Local Government Unit
MCH	Maternal and child health
MSH	Management Sciences for Health
NGO	Nongovernmental organization
OPHN	Office of Population, Health and Nutrition-USAID
ORP	Office of Regional Procurement-USAID
PBC	Performance-based contracts
PPMU	Project Performance and Monitoring Unit
RFP	Request for proposal
SIO	Service Institutions/Organizations
SOW	Scope of work
TA	Technical assistance
TB	Tuberculosis
USAID	United States Agency for International Development

The LGU Performance-Based Grants and TA Contracting Unit First Year Work Plan

The LEAD for Health Project aims to strengthen local government provision and management of family planning (FP) and selected health services i.e., maternal and child health (MCH), tuberculosis (TB) and human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), and to improve the policies and financing for these services. The provision of technical assistance (TA) and grants are the main tools that the LEAD project will use to attain these project objectives. They will be used to provide direct assistance to the local government units (LGUs) to enhance the LGUs' management, financial and technical capabilities in health care delivery.

The two main approaches that are being proposed, subject to USAID approval, are the performance-based grants to selected LGUs and provision of TA to LGUs through contracts with Service Institutions/Organizations (SIOs) on the national and local levels.

Performance-based grants will be directly provided to participating LGUs for technically acceptable and verifiable LGU achievements and deliverables. LEAD is proposing to give grants to selected LGUs enlisted in the first year. LGUs operate on budgets programmed on the year preceding the current fiscal year, and thus results in zero appropriation for the activities and funding support targeted under the LEAD project start-up phase in 2003-2004. This situation is aggravated by the fact that the forthcoming national elections will further freeze their financial movements. These grants to first year LGUs will "jumpstart" initiatives, kindle interest and enlist LGU-wide support for the objectives and goals of the LEAD project. After the first year of implementation, the project will conduct an evaluation of the grants to the first year LGUs.

The grants are planned to be disbursed upon completion of pre-agreed performance benchmarks. The project will work and agree with USAID on eligibility criteria, the performance indicators to be used and how they are to be measured, and the grant amount that will be assigned to each performance benchmark.

As the project includes the 8 HIV/AIDS sentinel sites, special subcontracts will be issued to specific SIOs in these 8 LGUs with consideration for their predominant capability earned after having been the HIV/AIDS sentinel LGU partners in the last ten years. The national SIOs will not be specific to a region or island group, but will cut across all the covered areas of the project as needed. These SIOs will be engaged to assist LGUs needing technical assistance on LGU governance and in other related areas.

I. UNIT GOALS AND STRATEGIES

The Performance-Based Contracts and Grants Unit will be responsible for the development, implementation and monitoring of a system of acquisition and assistance using contracting and granting instruments to the participating LGUs. The system will be performance-based and shall be compliant with the Federal Acquisition Regulations (FAR), with the USAID Acquisition Regulation (AIDAR), and with other relevant US government acquisition/assistance rules.

Basic assumptions:

1. That all participating LGUs will be provided technical assistance through an SIO in the first year
2. That selected LGUs will be provided with grants
3. The project will work with the DOH to harmonize the LEAD's performance-based grants component with the DOH' ongoing assistance program.

During the first year of operation, the Unit aims to accomplish the following:

GOAL 1: ***Put in place contracting and granting system to provide necessary TAs to 110 LGUs***

Strategies:

1. Issuance of performance-based contracting and granting to LGUs.
2. Issuance of Indefinite Quantity Contracts for TA to SIOs.

II. YEAR 1 TARGETS

1. Contracting and Granting Systems in place and operational for providing technical assistance and performance-based grants to 110 LGUs
2. Indefinite Quantity Contract (IQC) issued to at least 2 SIOs
3. 9 NGOs contracted to provide technical assistance support to HIV/AIDS high –risk groups in 8 sites

III. UNIT DESCRIPTION, COMPOSITION AND FUNCTIONS

The Performance-Based Contract Unit starts out as one-person support unit that is responsible for procuring TA to strengthen governance and service delivery capacities of target LGUs, and administering the performance-based grants to selected target LGUs. The PBC Manager reports to the Chief of Party. Additional staff will eventually be added when necessary.

IV. WORK PLAN PREPARATION PROCESS

A technical working group within the LEAD project started discussions in November to develop an appropriate approach of LGU assistance with the participation of the technical backstop of the MSH home office in Boston. A number of assistance and subcontracting mechanisms were reviewed by the group, and found the concept of providing direct grants to LGUs, and procurement of technical assistance through service institutions as the better option in achieving project objectives. The concept was presented to the technical and contracts office of USAID in mid-December. While there was no objection from USAID on the concept, USAID asked the group to submit a written proposal based on the concept detailing its implementation. The written proposal was submitted to USAID on December 23 and is being reviewed by the two offices in USAID, OPHN and ORP.

The Boston Office MSH worked in parallel to identify and assess the various options for PBC grants/subcontracts and for SIOs. In February 2004, the representatives from the MSH Contracts and Grants Office will work with the technical working group and USAID's Office of Regional Procurement to reach agreement on the use of various grants and subcontract mechanisms. The team will work with the LEAD team to develop templates and procedures for each contracting mechanisms.

Performance Based Contracts for TA/Grants to LGUs
First Year Work Plan

GOAL 1: Put in place a contracting and granting system to provide necessary TA's to 110 LGUs.

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Strategy 1: Performance-Based Contracting and Granting to LGUs					
Write up of the systems approach to Grants	systems write up		Dec-03	Jan-04	PBC
Request USAID for waiver to allow MSH to give out grants to LGUs	letter request and supporting justification		Mar-04	Mar-04	PBC
Recruit staff (contracts grants assistant) if necessary	contracts assistant on board		Feb-04	Apr-04	**PBC**/ADMIN
Develop templates in coordination with MSH/Boston Contracts Officer	templates		Feb-04	Feb-04	PBC
Develop grants manual covering detailed policies and procedures from "womb to tomb"	grants manual		Mar-04	Mar-04	PBC
Award Contracts to 9 NGOs for 8 HIV/AIDS sentinel sites to implement STD/HIV/AIDS prevention activities for high-risk groups	9 NGO contracted to provide prevention and communications support to high-risk groups		May-04	May-04	**PBC**/FPHSU
Receipt and review of grant budgets from LGUs	reviewed grants budgets		Jun-04	Jun-04	**PBC**/LGU
Issuance of the grant agreement			Jul-04	Dec-04	

Strategy/Activities	Deliverable	Budget	Start Date	Completion Date	Unit Responsible
Organization and maintenance of the grants database Monitoring of grants progress, tracking of performance and payments preparation of reports and portfolio analysis.	grant agreement database for grants monitored grants		May-04 Jul-04	Dec-04 Dec-04	PBC PBC **PBC**/LGU
Strategy 2: Issue Indefinite Quantity Contracts for TA to SIOs					
Develop contracting manual covering detailed policies and procedures from "womb to tomb"	Contracting Manual		Mar-04	Mar-04	PBC
Develop selection criteria for potential SIO bidders	Selection Criteria		Dec-04	Jan-04	PBC
Develop templates for contracting SIOs	templates		Feb-04	Feb-04	PBC
Sourcing of SIOs	List of SIOs		Jan-04	Oct-04	PBC
Develop technical content of the RFP (by technical units)	technical content		Feb-04	Mar-04	PBC/FPHSU/LGU/Policy/PPMU
Issue RFP	RFP		Mar-04	Apr-04	PBC
Receipt and evaluation of proposals	Reviewed proposals		Apr-04	Apr-04	PBC
Request USAID approval for IQC subcontracts greater than $250,000	Letter request		Apr-04	Apr-04	PBC

Strategy/Activities	[redacted]	Budget	Start Date	Completion Date	Unit Responsible
Award Indefinite Quantity Contracts to selected SIOs	IQC		May-04	May-04	**PBC**/LGU
Develop technical SOW for specific LGUs by LEAD technical units	Technical SOW		May-04	Dec-04	**PBC**/FPHSU/LGU/Policy/PPMU
Request technical and cost proposals from SIOs	letter request		Jun-04	Dec-04	PBC
Receipt and evaluation of tech and cost proposals from SIOs	Reviewed propos		Jun-04	Dec-04	PBC
Issue work orders	work orders		July-04	Dec-04	PBC
Organization and maintenance of database for subcontracts	database		May-04	Dec-04	PBC
Monitoring of subcontract progress, tracking of performance and payments, preparation of reports and portfolio analysis	monitored subcontracts		Jun.-04	Dec.-04	PBC
TOTAL BUDGET (US$)		**3,428,572.00**			

Administrative and Finance Unit

First Year Work Plan

(October 31, 2003 – December 31, 2004)

March 31, 2004

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-C-00-03-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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LIST OF ACRONYMS

AV	Audio-Visual
LEAD	Local Enhancement and Development for Health
HSRTAP	Health Sector Reform Technical Assistance Project
MSH	Management Sciences for Health
PMTAT	Project Management Technical Advisors Team
PPMU	Project Performance Monitoring Unit
PPR	Performance planning and review
USAID	United States Agency for International Development

The Finance and Administrative Unit First Year Work Plan

I. UNIT GOALS AND ACTIVITIES

As a project, LEAD for Health has many tasks and missions, with many day-to-day concerns that should not be allowed to get in the way of its long-term objectives and the achievement of end-of-project deliverables.

Because of this, an efficient and reliable Finance and Administrative Unit is crucial to ensure that the project runs smoothly and effectively, thereby allowing management and technical staff to concentrate on the project's larger mission.

The Finance and Administrative Unit will be primarily responsible for the provision of financial and administrative support to management and the five operating units.

Goal 1: ***Provide financial and administrative support to management and the four operating units in achieving the end-of-project deliverables.***

Strategies:

1. Provide efficient and effective administrative support.
2. Provide cost-efficient and reliable financial support.

II. YEAR I TARGETS

The first year targets of the Finance and Administrative Unit include the following:

1. All technical and administrative staff for central and field offices officially hired;

2. All needed financial and administrative systems, policies, and procedures established, maintained, and improved, if necessary; and

3. All needed office equipment/vehicles procured and maintained.

Activities:

Personnel Recruitment and Management

While the technical staff takes the lead in personnel recruitment, the finance/administrative unit will assist in identifying candidates, collecting résumés, scheduling interviews, discussing salaries, and formalizing the hiring process by preparing the letter of appointment.

The finance/administrative unit will ensure that compensation and benefits packages are provided forthwith.

The finance/administrative unit will also provide the materials and forms necessary for the smooth and timely conduct of personnel performance evaluations.

Office Management
The finance/administrative unit will see to it that the headquarters and offices are adequately furnished with office, business, communication, and other equipment. The unit is also in charge of the set up of lighting, air conditioning, and other facilities crucial to fostering a productive and efficient working environment.

Project vehicles will be purchased to ensure that project staff can be mobilized for various official businesses.

Office management systems, procedures, and forms on procurement and contracting, travel, asset management and control, and general office services and housekeeping will be designed and installed to facilitate the processing of requests for assistance from management and the four operating units. An Employee/Local Procedures Handbook will be prepared to serve as guide to project staff.

Financial Management
Bank accounts will be opened for both peso- and dollar-denominated funds. Financial systems, procedures, and forms will be developed following what worked in PMTAT and HSRTAP. Specifically, systems, procedures, and forms for cash disbursement, expense recording and reporting, budget and financial monitoring, and requesting for funds will be put in place. With such systems in place, funds should flow more efficiently, and resources should be adequate and available for purposes of official travel, training, and technical assistance crucial to the achievement of end-of-project deliverables.

III. UNIT DESCRIPTION, COMPOSITION AND FUNCTIONS

The finance/administrative unit is composed of three subgroups, namely: office management, accounting, and secretarial services. The finance/administrative manager will oversee the entire unit.

1. ***Finance/administrative manager*:** Responsible for ensuring that personnel, administrative and contractual operations and financial management systems are conducted in accordance with Philippine Government and USAID regulations, MSH's standard operating procedures and good business practice. The finance/administrative manager will also supervise all administrative staff and provide management support to the unit, the Department of Health, the Philippine Health Insurance Corporation, and the local government units to facilitate the implementation of the activities.

2. ***Office manager:*** *Heads* the office management subgroup and will have charge over a wide range of office management functions including housekeeping, procurement, inventory, reception, travel, and transportation. The office manager will be assisted by administrative assistants.

The accounting subgroup will be headed by a senior accountant and will have two to three junior staff. The accounting subgroup will provide financial services for the project. Specifically, it will take facilitate requests for funds, disbursement, financial recording and reporting, budgeting, monitoring, and review of funds and expenditures.

The secretarial subgroup will be headed by the executive assistant who will also provide administrative and secretarial support to the Chief of Party. The executive assistant will supervise

four project assistants, each assigned to the four operating units. The executive assistant and project assistants will provide assistance to the units in the areas of communication and filing; travel; preparation for workshops, meetings, conferences, etc.

IV. SHORT-TERM TECHNICAL ASSISTANCE

ADMIN/CONTRACTS				
Consultant	**Organization**	**Specialty Area**	**Duration**	**Tentative Start Dates**
1. Madeleine Pham	MSH	Contracts	3 weeks	Early February
2. Yen Lim	MSH	Contracts	2 weeks	Early February

Finance and Administrative Unit
First Year Work Plan

GOAL 1: Provide efficient and cost-effective administrative and financial support to ensure successful achievement of project deliverables.

Strategy/Activities	Deliverable	Budget (US$)	Start Date	Completion Date	Unit Responsible
Strategy 1: Provide efficient and effective administrative support					
Recruit technical and administrative staff for the central and field offices	Letter of appointment		Oct 03	Mar 04	Administrative /Finance
Select permanent location of the central and field offices	Signed contracts of lease		Nov 03	Mar 04	Administrative /Finance
Contract for central and field offices renovation and furnishings; procure office, business, communication, and other equipment, and project vehicles; maintain and safeguard physical assets	Furnished offices; various office, business, communication, and other equipment, and project vehicles; security measures and devices (vehicle/property insurance, locks, etc.)		Nov 03	Mar 04	Administrative /Finance
Prepare Employee Handbook and a local procedures manual	Employee/Local Procedures handbook		Nov 03	Mar 04	Administrative
Draw up consultant and organization rosters	List of consultants and organizations providing technical assistance		Oct 03	Dec 04	Administrative

Strategy 2: Provide cost-efficient and reliable financial support					
Open bank accounts	Bank accounts		Oct 03	Mar 04	Finance
Set up and maintain QuickBooks for financial recording and reporting	QuickBooks system		Nov 03	Dec 04	Finance
Set up and maintain financial and administrative policies, systems, and procedures; improve policies, systems, and procedures (if necessary)	Various systems, procedures, and forms		Oct 03	Dec 04	Finance and Administrative
Provide compensation and benefit package			Nov 03	Dec 04	Finance and Administrative
Assist in performance planning and review (PPR)	PPR documentation		Jun 04	Jul 04	Finance and Administrative
Prepare the annual inventory report	Inventory report		Jan 04	Dec 04	Finance and Administrative

BUDGET DETAILS FOR THE ADMINISTRATION AND FINANCE UNIT	
October 2003 - December 2004	
BUDGET ITEMS	**in US Dollars ($)**
1. Personnel	
a. Technical Staff	1,583,204.00
b. Administrative Staff	426,277.00
Subtotal	**2,009,481.00**
2. Procurement	
a. Furniture and Fixture	68,513.00
b. Business/ Office/ AV/ Other Office Equipment	47,106.00
c. Communications	52,407.00
d. Vehicle	131,200.00
Subtotal	**299,226.00**
3. Computer Equipment (Included under PPMU Budget)	
TOTAL	**2,308,707.00**